

ADULT VOLUNTEER APPLICATION

(For those ages 18+ who plan to volunteer for more than one day)

If you are interested in becoming an active volunteer, you must complete and submit an Adult Volunteer Application. Forms are available at City Hall, 500 N Chestnut Ave., Oconto Falls, WI 54154 and on the City's website at www.CityofOcontoFalls.com

Once all paperwork is complete, please mail or deliver to City Hall located at address above. If you have any questions, please contact us at 920-846-4505.

LAST NAME:	FIRST NAME:	MI:	HOME NUMBER:	CELL NUMBER:
EMAIL ADDRESS:		WHAT IS THE BEST WAY TO CONTACT YOU?		
		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		
HOME ADDRESS (NUMBER & STREET)	APT#	CITY	STATE	ZIP
WHAT COMMITTEE / VOLUNTEER OPPORTUNITIES INTEREST YOU (Please check all that apply):				
COMMITTEES: <input type="checkbox"/> Finance <input type="checkbox"/> Main Street <input type="checkbox"/> Ordinance				
<input type="checkbox"/> Personnel <input type="checkbox"/> Personnel Manual <input type="checkbox"/> Any				
IS THERE ANY MEDICAL/PHYSICAL CONDITION WHICH WOULD LIMIT YOUR ABILITY TO PERFORM ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?				
<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please explain below:		
HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR (OTHER THAN JUVENILE CONVICTIONS) UNDER YOUR PRESENT OR PAST NAME? PLEASE INCLUDE ANY CONVICTIONS THAT HAVE BEEN EXPUNGED OR SEALED BY THE COURT.				
<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please explain below:		
Describe:		When:		
Where:		Outcome:		
EMERGENCY CONTACT #1:				
Name:		Relationship to you:		
Phone:		Alternate Phone:		
EMERGENCY CONTACT #2:				
Name:		Relationship to you:		
Phone:		Alternate Phone:		

City of Oconto Falls
 Adult Volunteer Application

OCCUPATION:		SPECIAL SKILLS, CERTIFICATIONS, LICENSES	
DO YOU HAVE A VALID WI DRIVER'S LICENSE		If yes, Driver's License Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
DAYS/HOURS AVAILABLE			
Sunday:	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	
ADDITIONAL COMMENTS:			

BY SIGNING BELOW

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false statements in my application will subject me to disqualification.

I understand that before performing the duties of a volunteer with the City of Oconto Falls, all paperwork must be submitted and approval must be received by the Human Resources Department. I also understand that, depending on my volunteer position, I may be subject to a formal screening process, including but not limited to, background checks and fingerprinting, and cannot begin said volunteer position until cleared.

I understand that the City of Oconto Falls reserves the right to use photos taken during events/projects for promotional purposes, including publishing in newsletters, brochures, and the City's website.

Applicant's Signature: _____

Date: _____