

**CITY OF STOUGHTON**

207 S. Forrest St.  
Stoughton, WI 53589  
(608)873-6677



Please return this application to:

**VOLUNTEER  
APPLICATION  
(PLEASE PRINT)**

Name: (Last) (First) (M.I.)			Home Phone:
Current Address: (Street)		(Apt.#)	Business Phone:
(City)	(State)	(Zip)	Can we contact you at this number? ___ Yes ___ No
Prior Address: (If you've lived at the above address for less than 6 months) (Street)		(Apt.#)	If yes, list hours:
(City)	(State)	(Zip)	Phone Number where you can be contacted from 7:30 am-4:30 pm:
(If there's additional addresses for the past 2 years, please list on a separate sheet.)			
Email address:			Date of Birth:
Have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No If yes, please explain the nature of the crime and the date of the conviction and disposition:			
<i>NOTE: Conviction of a crime is not an automatic disqualification/or volunteer work</i>			
Department and/or position you are interested in serving:			
Times and days you will be available to volunteer:		How many hours would you like to volunteer? hours per (mo., week?)	
What Special Interests, Hobbies, Skills/Training would you like to share?			
Prior Volunteer Experience:			
The City of Stoughton will provide reasonable accommodations for volunteers. Providing for accommodations will not affect consideration of your application. Please indicate if an accommodation is necessary and how we might assist.			

**EMPLOYMENT:** Are you currently employed? (Check all that apply.)

\_\_\_ Full-time \_\_\_ Part-time \_\_\_ Unemployed \_\_\_ Retired \_\_\_ Student

Current or Previous  
Employer Name:

Dates of  
employment:

Address:

Phone No.:

Job Title, Responsibilities  
&  
Duties:

Are you actively seeking employment? \_\_\_ Yes \_\_\_ No If you become employed, how will this affect your volunteer work?

Have you ever been suspended, fired, or asked to resign from any position? \_\_\_ Yes \_\_\_ No If yes, give details:

**REFERENCES:**

Work, volunteer or education related (e.g. former employers, supervisor, co-workers, school faculty). No relatives/significant others.

NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		

**For Driving Jobs Only:**

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the past 3 years? Yes No

May we check your Motor Vehicle Report? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMERGENCY CONTACT INFORMATION**

Name:	Day Phone:
Evening Phone:	Relationship:
Address:	

The City of Stoughton is most grateful to those people who are willing to volunteer their time to assist the city through various *volunteer programs*. As a sign of the changing times, procedures have been enacted to protect both the people we are serving and those honorable people who contribute their time as volunteers.

I fully understand, acknowledge and agree to the following:

A background check may be required before working with youth, the elderly, handling money and/or working with confidential files.

I am applying to be a volunteer and will not be compensated in a monetary manner for duties performed.

I am under no obligation to volunteer or is the City of Stoughton under any obligation to provide me with volunteer duties.

Volunteering will not afford me special consideration for or lead to employment with the city.

I agree to execute release authorization forms as required by the City of Stoughton to request employment records from my present and/or former employers(s). I release and hold harmless the City of Stoughton, their officers, agents and employees, and the person(s) providing the information from any liability related to providing the information.

I authorize the City of Stoughton, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation. I release and hold harmless the City of Stoughton, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Stoughton only if it substantially relates to the position applied for.

If selected for a volunteer position, I agree to abide by the policies and procedures of the City of Stoughton and the Department I volunteer in.

All volunteers shall maintain confidentiality in the handling and use of participant information and records. Any information relating to individuals attending programs or activities is not to be discussed any time within or outside of the program.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the City of Stoughton that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Parental Consent** (If volunteer is under the age of 18)

I, \_\_\_\_\_ give my permission to \_\_\_\_\_ to volunteer for the City of Stoughton.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Office use only: Position: \_\_\_\_\_ Works with: \_\_\_\_\_ youth \_\_\_\_\_ elderly \_\_\_\_\_ handicapped \_\_\_\_\_ money/valuables