

## **Volunteer Application CITY OF WISCONSIN RAPIDS**

The City of Wisconsin Rapids is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, gender, sexual orientation, age, marital status, veteran status, disability, or any other protected status.

If you need assistance at any time during this application process, please contact Human Resources at 715-421-8215.

The City's Human Resources Department is located in Room 303, Wisconsin Rapids City Hall, 444 West Grand Avenue, Wisconsin Rapids, WI 54495-2780

NOTE: Thank you for your interest in volunteering with the eligibility for a volunteer position and to register you as a complete and accurate information so that we can proper mport facts may be ground for immediate dismissal as a application.	volunteer with the City. It ly evaluate your application	is our policy to provide e on. Be aware that the use	equal volunted of false or m	er opportunities to all. Plaisleading information or	ease furnis the omissi	sh
Name (Last, First, MI):	Cell Phone:					
Address:	City, State, Zip:		Home Phone No (Include Area Code):			
Email Address:						
Employer and Address:	Job Title:					
Employer and Address.	Job Title.			re you under age 18?  If you are under 18, plea		
Do you possess a valid driver's license? ☐ Yes ☐ No	Have you previously volur	nteered with the City?	Yes □No	references and attach to	tne applic	cation.
Have you ever been convicted of a crime (misdemeanor of you answered yes, please attach a separate sheet of posentence or penalty. A conviction will not necessarily disq	aper and briefly describe t				date, and	I the
Emergency Contact Name: Emergency C		tact Phone Number(s):		Relationship:		
<b>Liability Waiver and Release:</b> I understand that I am certify that all information contained in this application a statements shall be sufficient grounds for disqualification permission to perform a check on my background, incluwill be limited to that appropriate to determining my sui will be kept confidential expect as otherwise provided by release, indemnify and hold harmless the City of Wiscon loss of liability of any kind of nature for any possible injuaware that I may terminate my volunteer participating a cause at any time.	and attachments is true ar n as a City volunteer. I un ding criminal and driving r tability for particular types y law. I realize that there i usin Rapids, its elected offi ury incurred during volunte	nd correct to the best of n derstand by signing the V ecord. I understand that s of volunteer work and the is some risk of serious injucials, employees, agents, eer service, except I do n.	ny knowledge /olunteer Appl information c nat all such in ury, or even c and officers f ot release rec	. I understand that false lication, I hereby grant t ollected during this back formation collected during death, and I assume all sal from and against all clair ckless or so intentional to	or mislea he City ground ch ng the che such risk. I ms, demar ort claims.	iding neck eck I shall nds, I am
Availability:		Volunteer Positions: (check all that apply)				
Morning Afternoon Eve Monday Tuesday Wednesday Thursday Friday Call as Needed	eriiing	<ul> <li>T-Ball Coach/Assista</li> <li>Sports Photographer</li> <li>Sports Aide Assistan</li> <li>Rock Painting</li> <li>Other:</li> </ul>	r it			
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Signature of Applicant:		Date:	:			_
Signature of Park & Rec Supervisor:		Date	:			_