



VOLUNTEER APPLICATION MARATHON COUNTY

Check departments you wish to volunteer in:

- Aging & Disability Resource Center Health Highway UW Extension
 Parks/Recreation/Forestry Library Social Services
 Other _____ (Please identify)

Is this a service project for a youth group? Yes No
 If yes, please indicate the following: # of hours _____ By what date?

Personal Information:

Last Name _____ First _____ Middle _____
 Social Security # _____ Phone # _____ Alternate# _____

Address: Number/Street City State ZIP Code County

E-mail address: _____

Check education: High School _____ College _____ Major _____
 Special Training

Have you been known by a different name by any references, schools, or employers listed on this application?
 Yes No If yes, indicate name: _____

Your birth date is needed to assist in completing an annual criminal background check required for positions:
 Month _____ Day _____ Year _____
 (Under age 18 requires birth date and guardian's signature.)

Have you ever been convicted of a crime? Yes No If so, when:
 Type of crime:

A conviction will not automatically disqualify a volunteer for a particular project. A volunteer may be rejected or subsequently terminated if the circumstances of the arrest or conviction substantially relate to the assigned volunteer duties.

Emergency Contact:

Who should we contact in case of emergency? Name: _____
 Relationship: _____ Phone #: _____ Alternate #: _____

Community Involvement Information:

Complete the following where applicable. Please include service organizations, professional groups, social groups, and church committees. Be sure to list any other volunteer experiences.

Name of Organization	City/State	Dates	Volunteer Duties

Drivers Information (complete only if volunteering to drive)

Your driving information is needed to assist in completing a driving background check required for positions involving transportation. Driving records must meet Marathon County standards.

Do you have a valid Wisconsin Driver's License: Yes No
 Driver's License Number: _____
(A photocopy of your drivers license is required)

- A. Do you own or have access to an automobile? Yes No
- B. Please provide the following information for the vehicle you will be using for volunteer duties:
 Make: _____ Model: _____ Year: _____
 License Plate Number: _____ Color: _____ Number of Doors: _____
- C. This vehicle has properly functioning:
 _____ headlights _____ seat belts _____ brakes _____ heater
 _____ taillights _____ directional signals _____ windshield wipers
 _____ properly inflated tires with a minimum of 1/8" tread
- D. Auto Insurance Company: _____ Policy No. _____
 Policy Period _____ To _____
 Insurance Agency: _____ Phone # _____

Insurance
Automobile Insurance

Insurance verification is required when you will be performing driving duties as part of your volunteer assignment. A photocopy of your auto policy declarations page is required and should be attached to the volunteer application. At every renewal, a copy will be required to show proof of insurance. Auto liability limits must meet standard limits required for volunteer drivers.

Reference Information:

Please list two references to contact who have knowledge of your qualifications.

Name: _____ Relationship: _____
 Address: _____
 _____ Number & Street _____ City _____ State _____ Zip _____
 Phone: (_____) _____ Fax Number: (_____) _____

Name: _____ Relationship: _____
 Address: _____
 _____ Number & Street _____ City _____ State _____ Zip _____
 Phone: (_____) _____ Fax Number: (_____) _____

Read the following carefully before signing.

I certify that the information included in this application, or any other application materials submitted is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or no further consideration.

In some cases, I understand you may be investigating certain public information files for information relevant to my application for volunteer service. This may include driving record information, licenses, or criminal history information. I authorize you to obtain from any source regarding my education, experience competence, character or medical history, as it relates to the volunteer position for which I applied.

I further acknowledge reading and understanding all of the provisions of this application and agree to comply to all provisions if accepted as a Volunteer for Marathon County.

 Signature Date

 Guardian's signature (Required under age 18) Date