



VOLUNTEER APPLICATION CITY OF BURLINGTON

Thank you for your interest in volunteering with the City of Burlington. Your application will be used to verify eligibility for a volunteer position with the City. It is our policy to provide equal employment opportunities to all. Please furnish complete and accurate information so that we can properly evaluate your application. Be aware that the use of false or misleading information or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications. *(Please print clearly or type)*

Name: _____

Address: _____

Burlington Resident of _____ Year(s)

Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Driver's License Number: _____ State of Issue _____

Interested in volunteering in the following areas (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Fire Department* | <input type="checkbox"/> Library Services | <input type="checkbox"/> Election Poll Worker* |
| <input type="checkbox"/> Park Services | <input type="checkbox"/> Special Events | <input type="checkbox"/> Donation of printing materials |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Community Clean up |
| <input type="checkbox"/> Other – Please describe _____ | | |

** Some departments may require additional documentation and/or applications*

Place of employment: _____

Existing time commitments:

Please specify below any physical limitations that may influence your volunteer work activities:

Please check the day of the week and times you are available for volunteer service.

SUN _____ MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____

Regular weekly _____ Short-term projects _____ Weekends _____ Evenings _____ On-call _____

Education Background:

Current service with other volunteer organizations:

Past service with other volunteer organizations:

Motivation for volunteering:

References: Please provide names, telephone numbers and/or email addresses of two people familiar with your abilities, knowledge, or work experience

Name	Telephone	E-mail
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Name	Telephone	E-mail
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Have you ever been convicted of a felony? Yes _____ No _____

If you answered yes, please attach a separate sheet of paper and briefly describe the circumstances of your conviction. A current charge or conviction will not necessarily disqualify you from becoming a volunteer, however it may limit where we may place you.

I certify all information contained on this application is true and complete to the best of my knowledge. I hereby authorize the City of Burlington to investigate any information contained in this application. I understand that false or misleading statements shall be sufficient grounds for disqualification for the City's Volunteer Program. Further, I understand that as a Volunteer, I am offering my service of my own free will without any expectation of compensation, benefits, or insurance of any kind. If selected for a volunteer position, I agree to abide by the policies and procedures of the City and the Department I volunteer in. I am aware that I may terminate my volunteer participation at any time and that the City reserves the right to terminate a volunteer from their duties with or without cause at any time.

Signature: _____ Date: _____

Please Return Application to: Burlington City Hall, 300 N Pine Street, Burlington, WI 53105
Phone: (262) 342-1161 Fax: (262) 763-3474