

FOR OFFICE/SCHOOL USE ONLY:

New Applicant Renewing Applicant

Date Received _____

Last date volunteered _____



**MILWAUKEE
PUBLIC SCHOOLS
VOLUNTEER APPLICATION**

The Milwaukee Public Schools is an equal opportunity employer and complies with the provisions of the Americans with Disabilities Act.

INSTRUCTIONS:

1. Please print answers in black ink or type
2. Date and sign the application
3. Use additional sheets of paper when necessary
4. Returning volunteers complete first page of application only

Personal Information

First Name:	Middle Name:	Last Name:
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Any other names by which you are known (this includes maiden, alias and former):

Address:

City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Work Phone:
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Email Address:

Date of Birth:	Social Security Number:
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Native Am. <input type="checkbox"/> African Am. <input type="checkbox"/> Hispanic <input type="checkbox"/> White (non Hispanic) <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other _____
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Volunteer position applied for:	School or building location of volunteer position:
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(For this section please provide detailed answers and use additional paper if necessary)
 Have you ever been convicted of or paid a fine for any offense (including felonies, misdemeanors, or ordinance violations) or do you have any charges pending, other than minor traffic violations? Yes No if yes, list the details below. (NOTE: Convictions are not an automatic bar to participation as a volunteer. Each case is considered on its own merit. A conviction not reported can be cause for rejection of an application or dismissal.)

Date:	Location:	Charge:	Court:	Disposition of Case:
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____

CERTIFICATE OF APPLICANT: I authorize the Board of School Directors of the City of Milwaukee (MBSD) to make any inquiry of or receive information from any person or organizations regarding my suitability as a volunteer and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, and records of convictions. For and in consideration of the release of such information, I hereby forever waive, release, and covenant not to sue any person or organization including the MBSD, its agents and employees for the result of providing, obtaining, or acting upon such information. I give this waiver, release, and covenant not to sue for myself, my heirs, assigns, and successors in interests forever. I give this waiver, release, and covenant not to sue understanding that the information obtained may be such as to disqualify me from participation as a volunteer. I understand that such information is sought with confidentiality, and I will not request copies of such information. I also certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal. A copy of this authorization shall be effective as the original.

Volunteer Signature _____	Date _____
Parent or Guardian Signature _____	Date _____

(Required for volunteers under 18 years of age)

Volunteer Profile

List the states in which you have lived (other than Wisconsin) and approximate dates:

State: _____ Dates: (from) _____ (to) _____
State: _____ Dates: (from) _____ (to) _____
State: _____ Dates: (from) _____ (to) _____

Are you currently employed? Yes No

Employer: _____ Supervisor: _____

Can we contact your employer for reference purposes? Yes No Phone Number: _____

Do you have volunteer experience outside of MPS? Yes No If yes, please list your other volunteer experiences and the length of time involved:

Have you volunteered with MPS before? Yes No If yes, please list your past position(s) and year(s) involved:

How were you referred to the MPS volunteer program?

Do you have a child attending a Milwaukee Public School? Yes No

Child's name: _____ School name: _____

In what capacity will you volunteer?

Parent/Guardian/Family Member Corporate/Business Partner Community/Organization Member
 College/Technical/Graduate Student High School Student Unemployed Retired

Please explain why you would like to volunteer in a school or education setting:

Are you willing to be a part of an on-call list for special projects or one-time events? Yes No

Person to notify in an emergency:

Phone number:

Are you unable to perform any of the volunteer activities? Yes No

If yes, please identify all activities you are unable to perform:

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Recommendation of Principal/Volunteer Coordinator: _____

Signed _____ Date _____

Please submit this application to the school, office or program where you are applying to volunteer, or the address below.
If you have any questions or concerns please contact the District Volunteer Coordinator at (414) 773-9823.

Milwaukee Public Schools, Volunteer Services, P.O. Box 2181, Milwaukee, WI 53201-2181, (414) 475-8585 (Fax)

www.milwaukee.k12.wi.us