

**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:  |
| Any other names by which you are known (this includes maiden, alias and former): |   |             |
| Address:   |   |             |
| City:  | State:  | Zip Code:   |
| Home Phone:  | Cell Phone:   | Work Phone: |
| Email Address:   |   |             |
| Date of Birth:   | Social Security Number:   |             |
| Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female            | Race:<br><input type="checkbox"/> Native Am. <input type="checkbox"/> African Am. <input type="checkbox"/> Hispanic <input type="checkbox"/> White (non Hispanic)<br><input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other _____ |             |

|  |   |
|--|---|
| <u>Volunteer position applied for:</u> | <u>School or building location of volunteer position:</u> |
|--|---|

(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.)

| <u>Date:</u>   | <u>Location:</u> | <u>Charge:</u> | <u>Court:</u> | <u>Disposition of Case:</u> |
|----------------|------------------|----------------|---------------|-----------------------------|
| ____/____/____ | _____            | _____          | _____         | _____                       |
| ____/____/____ | _____            | _____          | _____         | _____                       |
| ____/____/____ | _____            | _____          | _____         | _____                       |

**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:

### FOR OFFICE/SCHOOL USE ONLY:

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](http://www.milwaukee.k12.wi.us)

# Volunteer Agreement

I, (print name) \_\_\_\_\_

- have received a copy of, or access to the Volunteer Handbook
- am aware that that the following Administrative Policies apply to me as a volunteer and that complete policies are available online:
  - Sexual Harassment Administrative Policy 6.03
  - Rules of Conduct Policy 6.07
  - Tobacco Product Use While on Board Property Administrative Policy 6.11
  - Pepper Spray: Use Of Administrative Policy 6.32
  - Whistleblower Protections Administrative Policy 6.35
  - Student Non-fraternization Administrative Policy 6.36
  - Weapons in the Schools (and Criminal Offenses) Administrative Policy 8.23
  - Student Records Administrative Policy 8.42
  - Bullying Administrative Policy 8.52
- am aware that I must follow all FERPA regulations
- have read, understand, and agree to the terms outlined in the Volunteer Handbook,
- have been provided with contact information for an individual who can help with any questions or concerns I may have

Please print full name:

\_\_\_\_\_

Please sign full name:

\_\_\_\_\_

Date

\_\_\_\_\_