



DEPARTMENT OF HUMAN RESOURCES
OFFICE OF CLASSIFIED STAFFING
 Central Services, Room 128
 5225 West Vliet Street, P. O. Box 2181
 Milwaukee, Wisconsin 53201-2181
 Area (414) 475-8216
 Fax: (414) 475-8687
 Web Site: www.milwaukee.k12.wi.us

**APPLICATION
 FOR PARTICIPATION AS A
 VOLUNTEER IN A
 MILWAUKEE PUBLIC SCHOOL OR
 PARTNERSHIP SCHOOL**

The Milwaukee Public Schools is an Equal Opportunity Employer and Complies with the Provisions of the Americans with Disabilities Act

Instructions: 1. Print answers in black ink or use a typewriter. 2. Date and sign the application.	3. Use additional sheets of paper when necessary in answering.
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1. Print Name:

Last First Middle

2. Phone:

Home Work

3. Address:

Number and Street

City and State Zip Code

(The information requested in items 4 and 6 is used solely for verifying identity when checking information in item 10.)

4. Social Security Number _____ - _____ - _____

5. Date of Birth: Month _____ Day _____ Year _____

6. a. Race: _____ b. Sex: _____

7. Give any other names by which you have been known: _____

8. 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) _____

9. Name of school(s) at which you want to volunteer _____

10. 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 details below. Use separate sheet if necessary. (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	DISPOSTION OF CASE

11. Have you ever been dismissed or asked to resign from any position? Yes No

If yes, please explain fully _____

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 organization 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.

Signed _____
 Revised 5/25/01

Date _____
 (Please complete reverse side)

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

Child's Name _____ School's Name _____

WORK EXPERIENCE _____

List 3 references (include address and telephone number).

1. _____

2. _____

3. _____

WHY DO YOU WANT TO VOLUNTEER? _____

VOLUNTEER EXPERIENCE _____

HOBBIES: _____

ARE THERE ANY RESTRICTIONS THAT WOULD LIMIT YOUR VOLUNTEER ACTIVITY?

Yes ____ No ____ Explain _____

School Preference for Volunteer Assignment (Indicate name of school if interested):

Elementary _____ Middle _____ High _____

TYPE OF WORK PREFERRED (Please check all that apply)

Library _____	Mathematics _____	Drama _____	Computer Lab Asst. _____
General Classroom _____	Arts and Crafts _____	Home Economics _____	Health Room _____
Tutoring _____	Science _____	Chaperone _____	Playground _____
Reading _____	Music _____	Clerical _____	Maintenance _____

Other _____

Foreign Language Spoken _____ Instrument Played _____

Days and Time Available (List times [a.m. or p.m.] you would like to volunteer.)

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Referred by: (1) School ____ (2) Volunteer Office ____ (3) Business ____ (4) Other ____

Person to notify in an emergency _____ Telephone _____

FOR OFFICE USE ONLY

Recommendation of Principal/Volunteer Program Coordinator:

Principal/Volunteer Program Coordinator

Date

Please send original to Human Resources, Room 128 and keep a copy for school files.

Revised 5/25/01