



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.

1. Print Name

2. Phone:

Last First Middle

Home Work

3. Address

4. Social Security

Number and Street City and State Zip Code

Number - - - - -

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

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

State: Dates: (From) (to)

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State: Dates: (From) (to)

7. Name of school(s) at which you want to volunteer:

8. Have you ever been convicted of or paid a fine for any offense (including felonies, misdemeanors, and 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.)

Table with 5 columns: DATE, LOCATION, CHARGE, COURT, DISPOSITION OF CASE

9. 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 for employment; 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 for employment. 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

Date

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 _____

Library _____ Mathematics _____ Drama _____ Computer Lab Assistant _____

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

