



**Waukesha Parks, Recreation & Forestry Department**  
**VOLUNTEER APPLICATION & AGREEMENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License Number (only if driving vehicle for volunteer work) \_\_\_\_\_

List your volunteer areas of interest: \_\_\_\_\_

List states in which you have resided in last ten years: \_\_\_\_\_

Have you ever been known by any other name? \_\_\_\_ (if yes, list names \_\_\_\_\_)

Have you ever been convicted of a crime (other than parking tickets)? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Note: Conviction of a crime does not necessarily affect the City's assessment of your suitability as a volunteer. The City will take into consideration the nature of the crime, the length of time since conviction and the duties of your volunteer assignment.

**Background Check:** My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that the falsification of this application can disqualify me from consideration or result in dismissal upon discovery. Furthermore, my signature below provides my authorization to the City of Waukesha to conduct criminal background checks and/or driver's license checks to determine suitability for placement and I hereby release all parties from any liability for furnishing this information.

*you make a world of  
difference*

**Volunteers may expect the following from the City of Waukesha:**

- A clearly defined description of the volunteer duties with appropriate supervision and direction.
- Respect for the value and activities of the volunteer as well as a cooperative working relationship between staff and volunteers.
- A letter of reference may be available on request upon successful completion of the volunteer assignment.

**The City of Waukesha expects the following from its volunteers:**

- Work the expected number of hours according to a mutually agreeable schedule.
- When sick or unable to work, notify the immediate supervisor as soon as possible.
- Comply with established City policies and procedures.
- Behave and dress in an appropriate manner.
- Fulfill the duties outlined in the volunteer description in a professional manner.
- Contribute to a mutually cooperative working relationship with staff and other volunteers.

**By signing this agreement I understand and agree to the following:**

1. To be supervised by the designated staff person to whom I will direct any concerns or problems.
2. To be on time and call my supervisor as soon as possible if I am going to be absent or late.
3. To refrain from using profanity and will conduct myself with courtesy at all times.
4. I am not an employee of the City of Waukesha for any purpose and that as a volunteer I am not entitled to nor expect any present or future compensation or benefits.
5. As a volunteer I understand that I am not covered by the City of Waukesha's workers' compensation program and that I should have my own health insurance in the event I am injured while performing volunteer duties.
6. The City's need for volunteers may change at any time and that my assignment may be curtailed or eliminated at any time and for any reason. I understand that I may decide at any time to end my volunteer activities with the City of Waukesha.
7. That if I drive a motor vehicle as part of my volunteer duties. I must possess a valid Wisconsin driver's license and that the City is not responsible for any damage to my vehicle.
8. I, as the volunteer (or parent/legal guardian), hereby authorize, without my prior approval, the City of Waukesha to seek emergency medical treatment for me in case of any accident, injury or illness and to hold the City of Waukesha harmless in such an event.
9. I, for myself, my heirs, successors or assigns, hereby indemnify, release and hold harmless the City of Waukesha, its Boards and Commissions, agents, servants and employees from any and all claims, demands, causes of action or damages which may happen during my volunteering at the City of Waukesha. I therefore assume any and all risks attendant to volunteering with the City of Waukesha.
10. Any reports, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data system designs, computer code, or any other documents or drawings prepared or in the course of preparation by me shall be the exclusive property of the City of Waukesha and all such materials will be remitted to the City of Waukesha by me upon the completion, termination or cancellation of my volunteer services. I agree not to use any such materials for any purpose other than the performance of my volunteer service under this agreement.
11. I will keep all information confidential, in whatever form, produced, prepared, observed or received by me as a volunteer to the extent that such information is confidential by law.

EMERGENCY CONTACT: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please sign in the presence of a departmental employee or notary public.**

Participant Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant or Parent/Legal Guardian \_\_\_\_\_

Department Witness/Public Notary Name \_\_\_\_\_

Department Witness/Public Notary Signature \_\_\_\_\_