

Use this page if you are volunteering with the City of Edgerton as an individual. If you are an individual that is volunteering as a part of a group, please have your group sponsor or coordinator fill out the group application. An individual application (this page) is not needed if applying as a part of a group.

If you wish to apply as a part of a Group and NOT as an individual, please fill out our **Group Application**.

Please fill out the form below completely. Anything that is not a required field may be left blank. All information provided in this application and on this secure site including the results of any background investigation will be under the control and security procedures of the City of Edgerton.

Fields marked with a red asterisk (*) are required.

Contact Information

First Name: * _____ M.: _____ Last Name: * _____

Other Name Used: _____

Address: * _____ City: * _____ State: * _____ Zip Code _____

Phone Number: * _____ Alternate Phone: _____ Email: _____

Are you 18 years of age or older: * YES NO

If you are under the age of 18, a completed Minor Release form must be completed by a parent or legal guardian be brought with you when you come to the city offices to complete the application process.

Preferred Method of Contact: _____ **Preferred Contact Time:** _____

Employer: _____ **Occupation:** _____ **Work Phone:** _____

Special Skills:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> CERT | <input type="checkbox"/> Clerical | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Excel, Word, PowerPoint | <input type="checkbox"/> Grant Research | <input type="checkbox"/> Minor Home Repair | |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Scanning | <input type="checkbox"/> Volunteer Coordinator | |

Please list two (2) references, other than relatives, who have known you for the past five (5) years: (fill in as much information as possible)

First Name: * _____ M.: _____ Last Name: * _____

Address: * _____ City: * _____ State: * _____ Zip Code _____

First Name: * _____ M.: _____ Last Name: * _____

Address: * _____ City: * _____ State: * _____ Zip Code _____

If you have volunteered for any other organization besides the City of Edgerton, please list those positions below:

Organization: _____ Address: _____ Phone: _____

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Volunteer Preferences: _____

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When are you available to volunteer? Check at least one, or as many as are applicable to your availability.

- One time
- Long term
- Once per week
- Weekdays
- Daytime
- Holidays
- Special Events
- School Days
- Short term
- As needed
- Once per month
- Weekends
- Evenings
- Specific Projects
- Summer Months

Please indicate where you would like to volunteer:

- City Hall
- Parks and Recreation
- Public Works

Please indicate what activity you are interested in volunteering for:

- Adopt a Street
- Community Education
- Special Events
- Recreational Activities
- Mayors Christmas Tree Lighting
- Adopt a Stream
- Grants
- Animal Shelter
- 3rd of July
- Clerical
- Snow Brigade
- Special Projects
- Frontier Days

Other Information

Have you ever been convicted of a criminal offense? YES NO

A conviction will not necessarily bar participation with the City of Edgerton's Volunteer program, but will be considered within the context of the entire application.

A current Tetanus vaccination is recommended in order to perform volunteer work.

Please read the following statement and indicate agreement at the end of the statement.

YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION TO BECOME A CITY OF EDGERTON VOLUNTEER UNLESS YOU AGREE TO THE FOLLOWING STATEMENT AND SIGN AT THE END OF THE STATEMENT. YOU MAY BE REQUIRED TO FILL OUT ADDITIONAL DOCUMENTATION.

I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Edgerton.

I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the City of Edgerton will result in dismissal.

I understand that depending upon the nature of the volunteer assignment; the City of Edgerton may deem it necessary to obtain a Driver's License Record and/or a Criminal Background Check on individuals volunteering for the City of Edgerton. I hereby consent to the City of Edgerton to make any requests for a Driver's License Record and/or a Criminal Background Check on me. I release, relinquish, and remise the City of Edgerton, its employees, agents, and representatives, from any and all causes of action or liabilities which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.

I understand that my volunteer assignment with the City of Edgerton may be terminated at any time. Reasons for termination may include, but are not limited to, anything that might be present on my driving record or criminal background check or termination of the volunteer program.

I acknowledge that volunteer photographs may be taken for possible use in: news releases, internal publications, promotional and educational materials.

Unless I specifically indicate my desire to work with certain animals, perform certain tasks, or in certain areas as indicated on the application, I may be asked to perform any type of volunteer work that is needed.

To the best of my knowledge I have answered everything on this application truthfully and have not given any information intended to deceive or commit fraud or made any false statement that might be construed as such. Applications will be kept on file for 1 year.

Signed: _____



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Type of Volunteer Activity: _____

Working with Kids Under 18? Yes No

Background Check Needed? Yes No

If Yes, Date Approved: _____

Driver's License Check Needed? Yes No

If Yes, Date Approved: _____

Volunteer Application: Approved Denied