

Village of Butler Volunteer Application

Village of Butler
12621 W. Hampton Avenue
Butler, WI 53007
262-783-2525

Butler Public Library
12808 W. Hampton Avenue
Butler, WI 53007
262-783-2535

Participation Guidelines

Individuals ages 16 and older may participate. Fill out an application and return it to the department where you wish to volunteer or Village Hall. All volunteer applications are reviewed with consideration of current volunteer opportunities.

Name (First, Middle Initial, Last): _____ Date: _____

Address (Street, City, State, and Zip):

Telephone: (Home) _____ (Cell) _____

Email: _____

Birth Date (Month, Day, Year): _____

Grade (If a Student): _____ School: _____

Do you have a valid Driver's License? Yes No If yes, license number: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (Home) _____ (Other) _____

Availability

Please indicate the days and times you are available to volunteer. If you are unavailable on certain days of the week, please mark with an X.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

I am seeking this volunteer position:

_____ To satisfy school/class/scholarship community service requirements

_____ To become a regular volunteer

Department interested in volunteering _____

How many hours do you wish to volunteer each month? _____

I will be able to volunteer beginning, Date: _____

References (No family members)

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

Guardian Information (Complete if applicant is under the age of 18)

Name: _____ Relationship: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Since your 18th birthday, have you **EVER** been convicted of any violation of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a pending charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with state law, pending criminal charges or any convictions will not be used or considered unless they are substantially related to the circumstances of the job.

Yes No Explain: _____

As a volunteer I understand that the volunteer activities may involve risks of injury, loss, or damage, including but not limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I expressly exempt and release the Village of Butler, the Butler Public Library, and any of their officers, employees, and insurers, from and against all liability, claims, and demands, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, that I may incur as a result of performing my volunteer activities. This includes any such liability, claims, and demands resulting from the act, omission, negligence, or other fault on the part of myself, the Village of Butler, the Butler Public Library, any of their officers, or its employees, or from any other causes whatsoever. By signing this application, I expressly agree to assume any and all such risks.

I certify that the information included in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or no further consideration.

Initial: _____ I authorize the Village of Butler, its officers, agents, and employees to conduct a background criminal, DMV, insurance policy, and vehicle check prior to making a decision regarding my volunteering. I release and hold harmless, the Village of Butler, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

Signature of Volunteer Date: _____

Signature of Parent or Guardian of an applicant under 18 years of age Date: _____

Parental Consent (To be completed if applicant is under 18 years of age)

I give consent for my child named above to provide volunteer services to the Village of Butler. I also give the Village of Butler my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature: _____ Date: _____