



City of Menominee • Recreation Department

2511 10th Street ▪ Menominee, MI 49858

Phone (906) 863-1737 ▪ Fax (906) 863-3266

APPLICATION FOR VOLUNTEER POSITION

Date: _____

Volunteer Position Applying For: _____

INSTRUCTIONS: Please print and complete neatly and accurately.

VOLUNTEER INFORMATION

Name: _____
Last First Middle Initial

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Cell) _____

Social Security No.: _____ Driver's License Number: _____
(if applicable)

Are you age 18 or older? ☐ yes ☐ no If no, please list date of birth: _____

Have you volunteered or worked for the City of Menominee before? ☐ yes ☐ no

If yes, please list Department, responsibilities and approximate dates:

Have you ever been convicted of or received a deferred sentence, judgment, or a prosecution for a petty offense, misdemeanor, or felony (crimes)? ☐ yes ☐ no

If yes, please state the offense(s) you were convicted of and explain the date, location, nature and facts surrounding each offense. Use an attachment sheet if necessary.

Are you a citizen of the United States? ☐ yes ☐ no

EMERGENCY INFORMATION

Person to notify: _____ Phone: _____

Relationship to Applicant: _____

EDUCATION

1. Junior High Name: _____

Address: _____

City

State

Zip

Last Completed Year: ☐ 6 ☐ 7 ☐ 8

2. High School Name: _____

Address: _____

City

State

Zip

Last Completed Year: ☐ 9 ☐ 10 ☐ 11 ☐ 12 - Diploma Earned

3. College or University Name: _____

Address: _____

City

State

Zip

☐ Currently Enrolled ☐ Graduate

Degree Earned: _____

REFERENCES - Do NOT list former employers or relatives

1. Name: _____ Phone: _____

Address: _____

City

State

Zip

Occupation: _____

2. Name: _____ Phone: _____

Address: _____

City

State

Zip

Occupation: _____

3. Name: _____ Phone: _____

Address: _____

City

State

Zip

Occupation: _____

EMPLOYMENT WORK AND VOLUNTEER HISTORY

Please list present or most recent experiences first including the name of your supervisor and a telephone number. In “position”, if volunteer work, please state so.

1. Name of Business or Organization: _____

Address: _____
City State Zip

Name of Supervisor: _____ Phone: _____

From: _____ To: _____ Position: _____

Reason for Leaving: _____

Responsibilities: _____

2. Name of Business or Organization: _____

Address: _____
City State Zip

Name of Supervisor: _____ Phone: _____

From: _____ To: _____ Position: _____

Reason for Leaving: _____

Responsibilities: _____

3. Name of Business or Organization: _____

Address: _____
City State Zip

Name of Supervisor: _____ Phone: _____

From: _____ To: _____ Position: _____

Reason for Leaving: _____

Responsibilities: _____

VOLUNTEER PROGRAM INFORMATION

Are you interested in one-time or short-term volunteer assignments? ☐ yes ☐ no

Are you interested in on-going volunteer assignments? ☐ yes ☐ no

Please select the programs and activities that interest you the most:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Adult Leagues/Sports | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Health & Fitness Programs | <input type="checkbox"/> Photography | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Baseball/T-Ball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Undecided | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Nature Programs | <input type="checkbox"/> Flag Football | |
| <input type="checkbox"/> Other: _____ | | | |

Do you have any special skills or training? _____

When are you available to volunteer?

Starting Month: _____ Starting Date: _____

- | | | | |
|-------------|----------------------------------|------------------------------------|----------------------------------|
| Mondays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesdays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesdays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursdays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Fridays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturdays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Sundays: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

POLICY STATEMENT

"The City of Menominee does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services."

Volunteer job applications are accepted by the Menominee Recreation Department only when a volunteer position is available. I certify that all statements made in this application are true and complete. I authorize the City to investigate all statements made as a part of this application and during any interview in which I participate to secure any necessary information from all prior employers, volunteer programs, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I expressly release from liability the employer, its agents, representatives and employees from any claim that might otherwise arise from their pursuit of the above authorized information. This release of liability also applies to such person, employers, organizations and corporations who provide accurate information in response to the inquiries and investigation authorized and conducted by the employer.

I understand that nothing in this volunteer application, in the City's statement of personnel policies or in my communication with any City employee or official is intended to create an employment contract between the City and me. Accordingly, either I or the City may terminate my volunteer status at-will at any time with or without cause or notice. I understand that I will not be paid or receive any other remuneration for my services as a volunteer with the City.

I understand that successful completion of a background check is a qualification to work in certain programs.

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Signature: _____ Date: _____

16 years or younger - parental consent form must be signed

PARENT / GUARDIAN CONSENT FORM

Menominee Recreation Department

In order for your child / teen to become a volunteer with the City of Menominee Recreation Department, we need your consent and your involvement in helping him/her to have a productive experience. Please read and sign this parental / guardian consent form in order for us to continue the process of your child / teen becoming a volunteer.

Name of Department: _____

Name of Youth Volunteer: _____

Birth Date: _____

I understand that my child, named above, wishes to be a volunteer for the Menominee Recreation Department and I hereby give my permission for him/her to serve in that capacity. I understand that he/she will be provided with the necessary information and training necessary to assist in the performance of the volunteer duties and that he/she will be expected to meet all of the requirements of the position, including attendance and adherence to City of Menominee Recreation Department policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed or be guaranteed of any future position with the City of Menominee.

I do assume all risks and hazard incidental to the conduct of the activities and do further hereby release, absolve, indemnify, and hold harmless The City of Menominee Recreation Director, the program's organizers, sponsors, officers, managers, coaches, and supervisors. In case of injury to my child, I hereby waive all claims against The City of Menominee, The City of Menominee Recreation Director, the program's organizers, sponsors, officers, managers, coaches and the supervisors.

Parent / Guardian: Print Name _____

Signature

Date

Phone Number(s): _____