



VOLUNTEER APPLICATION

City of Manitowoc

The City of Manitowoc relies on the help of volunteers. We appreciate your completing this brief information gathering form. Thank you for your interest in supporting the City of Manitowoc with your time and efforts.

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Volunteer activities you are interested in: _____

Days/Times Available: _____

Are you able to perform the essential functions for the job for which you are volunteering, with or without reasonable accommodations? Yes / No (circle one)

For certain volunteer positions, dependent upon the responsibilities of the volunteer position, the City may conduct a background check prior to establishing a volunteer relationship. By signing this form, you authorize the City of Manitowoc to conduct a criminal background check including but not limited to review of your police record. Background checks may be conducted at the discretion of the City.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____

Parent/Guardian signature (if applicant under 18): _____