



# VOLUNTEER APPLICATION

A department of  
MADISON METROPOLITAN SCHOOL DISTRICT



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Education and Experience

Please circle last grade completed: \_\_\_\_\_ College: \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10 11 12      1 2 3 4 please list major & degree(s): \_\_\_\_\_

Please list any relevant experience, training, certifications, skills, other languages, or strengths that you will bring to a volunteer position: \_\_\_\_\_  
\_\_\_\_\_

**Availability & Season** This application is for:  1<sup>st</sup> Semester  2<sup>nd</sup> Semester  Summer

### What is your time commitment?

# of days per week \_\_\_\_\_ # of hours per day \_\_\_\_\_ One-time events only

### What is your availability?

Day	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Time Example: 2:00- 4:00 pm							

**What will be your primary mode of transportation?**  Car  Bike  Bus  UW Cab (*service learners only*)

**Areas of Interest** - Please check all the areas in which you would be interested in volunteering. If marking several, please star your main preference at this time.

#### Program:

- Safe Haven Childcare
- Elementary AACE
- Youth Resource Center
- High School REC
- Academic Tutoring
- Pontoon Boats
- Down-Hill Skiing
- Water Walking
- City Club
- Soccer
- T-Ball/Coach Pitch
- Tennis
- Other: \_\_\_\_\_

#### Population:

- Elementary School
- Middle School
- High School
- Youth with disabilities
- Adults with disabilities

#### Location Preference:

- East Side
- West Side
- Meadowood Neighborhood Center
- Allied Learning Center
- Specific School/Site/Team: \_\_\_\_\_

### Requirements (if applicable)

Are you volunteering to satisfy a class or other requirement? If so, for what course/program? \_\_\_\_\_

Do you need to work with a specific population/program (students with disabilities, ESL, etc.)? \_\_\_\_\_

# of hours that must be completed: \_\_\_\_\_ by \_\_\_\_\_ (date)

What else do you need from MSCR (i.e. evaluation completed, record of hours, etc)? \_\_\_\_\_

**MSCR volunteer assignment is subject to a successful criminal records check, available online at [www.msgr.org](http://www.msgr.org)**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send to: MSCR Volunteer Application, 3802 Regent Street, Madison, WI 53705, fax to: 608-204-4582  
or email to: [amiller2@madison.k12.wi.us](mailto:amiller2@madison.k12.wi.us)

Questions? Please contact Michelle Graves, MSCR Volunteer Coordinator, at (608) 204-6696 or  
[mmoe@madison.k12.wi.us](mailto:mmoe@madison.k12.wi.us)



MADISON SCHOOL & COMMUNITY RECREATION  
VOLUNTEER DISCLOSURE STATEMENT

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

**After reading this form, if you are unsure of how to complete it, or if you would like any information clarified; please ask for assistance before filling it out.**

The responsibility Madison School & Community Recreation has to its youth and adult participants and community necessitates the following information from all volunteers regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteering. **Failure to complete this form accurately and completely will disqualify a volunteer from consideration for volunteering or will be cause for removal from volunteer assignments.**

“Arrest record” includes, but is not limited to, information indicating that an individual has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for a felony or misdemeanor, or other offense, pursuant to any law enforcement or military authority.

“Conviction record” includes, but is not limited to, information indicating that an individual has been convicted of any felony, misdemeanor, or other offense, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or paroled pursuant to any law enforcement or military authority regardless of whether an appeal is pending or could be taken. **Expungement of a conviction record does not eliminate the requirement to disclose the conviction.**

**Often a plea of “No Contest” results in a conviction and finding of guilt. Keep in mind that participation in a deferred prosecution program (such as First Offenders) does not necessarily mean your record is clear. As stated above, failure to complete this form accurately and completely will mean disqualification from consideration for volunteering or constitute cause for removal from volunteer assignments.**

If you do not remember all of your arrests and/or convictions, or you are not sure of all of your arrests and/or convictions, or if you simply need help to fully disclose to the District your arrest and/or conviction record(s), please contact the MSCR Employment Unit for assistance.

**To ensure prompt processing, please complete this form within three days and return in one of the following ways: seal in the attached envelope (if provided) and mail/drop off at the MSCR Office (3802 Regent Street, Madison WI 53705), fax to 608-204-4582, or scan and return via email to [akeleny@madison.k12.wi.us](mailto:akeleny@madison.k12.wi.us)**

---

AUTHORIZATION

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Madison School & Community Recreation (MSCR) and/or Madison Metropolitan School District (MMSD). I understand that I may not begin volunteering until the background investigation has been completed.

I certify that the answers given by me in this disclosure statement are complete, true, and correct without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or omission from or on this disclosure form, or any other document, will be used to deny me volunteer placement, or if currently volunteering, used to terminate my volunteering for MSCR.

I understand that MSCR/MMSD shall not be held liable in any respect if my volunteering is terminated because of false or incomplete statements, answers or omissions made by me on the disclosure form or any other document. In consideration of MSCR/MMSD’s review of the document, I hereby release MSCR, MMSD, its Board, and its agents, as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of information. A copy of this authorization and release is as valid as the original and should be recognized as such.

---

Name (Please print)

---

Signature

---

Date

Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_

I have completed this form in the past:  No  Yes If yes, when: \_\_\_\_\_

**DISCLOSURE STATEMENT**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

# of Years at This Residence: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List **all** other names used: \_\_\_\_\_

Dates of Usage: \_\_\_\_\_

If you have not resided in WI for the past five years, list all addresses for this period: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female  
month day year

Ethnicity (check one):  
 African American/Black  Asian/Pacific Islander  Hispanic  Native American  White

Have you ever been **convicted** of any felonies or misdemeanors? **Remember to disclose all convictions for felonies or misdemeanors including those for which the records have been expunged.**

Yes  No

Do you presently have any **pending** charges at a felony or misdemeanor level?

Yes  No

(If yes to any of the above, please fill in the information below. If you have more than three convictions or pending charges or need additional space, use a separate sheet.)

**LIST CONVICTIONS AND PENDING CHARGES**

1. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	
2. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	
3. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	