



**Volunteer Application  
Menasha Health Department**

**Please Print**

Name: (Last, First, Middle)			
Street Address			
City, State, Zip			
Home Phone		If You Have Ever Lived Outside Wisconsin Please List Location	
Cell Phone		Work Phone	
Date of Birth		Email	
Occupation:			

**Please list any professional certifications/licenses:**

Title/Type	Number	State	Expiration Date

**Please list other relevant skills/trainings/interests/ examples: medical personnel, registration help, follow-up education, errand runners, jack of all trades, supplies/receiving, traffic control, finance/administration, security, CPR , first aid, greeter/escorts, computer skills, fluent in foreign language, child care, kitchen help, assist coordinator.**


**Availability**

Please check days/times you are generally available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Emergency Contact Information

Name		Relationship	
Phone		Alt Phone	
Address		City, State, Zip	

**Check all that apply**

I am interested in volunteering for emergency events only.

I am also interested in volunteering for other non-emergency events.

I am currently employed **by** the City of Menasha or **by** the Menasha Schools. (public or parochial).

Do you have any health conditions that would prevent you from performing certain volunteer tasks (examples: can't stand for long periods, weight lifting restrictions, breathing or heart problems, insulin dependent diabetes etc.)? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please explain

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The time & skills you are providing are extremely valuable and indispensable. Please keep in mind that you are liable for your actions while volunteering for the City of Menasha. All patient information is to remain confidential at all times.

**THE CITY OF MENASHA** is not liable for any injuries or accidents you may incur during your volunteer experience.

If you have ever been convicted of an offense, or have any charges pending, other than minor traffic violations, list details below. A criminal background check will be conducted on all volunteers. **CONVICTIONS ARE NOT AUTOMATIC BAR TO VOLUNTEERING. EACH CASE IS CONSIDERED ON ITS OWN MERIT.**

Date	Location	Charge	Disposition of Case
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I currently have a valid WI driver's license and agree to provide a copy of my current auto insurance policy semi-annually. I also agree to notify the volunteer coordinator immediately if my driving status changes especially prior to agreeing to perform a task which requires me to operate a motor vehicle. I consent to the necessary background checks to confirm my eligibility to serve as a volunteer with the City of Menasha.

\_\_\_\_\_ I have read, or have had read to me, and understand the information on this form.

Volunteer Acknowledgement \_\_\_\_\_  
Signature Date

Volunteer Name \_\_\_\_\_  
Please Print

\*The Menasha Health Department will ensure that all information on this application remains confidential, unless otherwise required to be disclosed by state or federal law.