



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: _____ Initial: _____ Last Name: _____

Address: _____ City: _____

Email: _____ Occupation: _____

Home Phone: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Volunteer Activities you are especially interested in: _____

Days/Times Available: _____

Are you able to perform the essential functions of 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 background checks 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.

Applicant's Printed Name

Applicant's Signature

Date

This form may be submitted via email using the "Submit" button or mailed or delivered in person to Maritime Metro Transit, Attn: Mobility Manager, 915 S. 15th Street, Manitowoc, WI 54220.