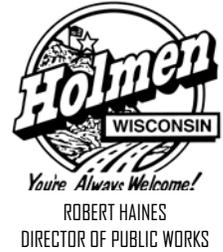


VILLAGE PRESIDENT
JOHN CHAPMAN
CATHERINE SCHMIT
ADMINISTRATOR / CLERK
KAREN SPREUER
VILLAGE TREASURER
MICHAEL BROGAN
PARK & RECREATION DIRECTOR

**VILLAGE OF HOLMEN
PARK & RECREATION DEPARTMENT**
421 S. Main Street
P.O. Box 158
Holmen Wisconsin 54636-0158
(608) 526-2152
www.holmenwi.com



VOLUNTEER REGISTRATION

I. Personal Information

Last Name:	First Name:	Middle Name:
Address:		Other Name:
City:	State:	Zip Code:
Telephone Numbers: Home: () - _____ Work: () - _____ Other: () - _____		
Social Security Number:	Date of Birth:	Current Year:
Program to Volunteer for: Reason for Volunteering: List any particular skills, talents, or experiences which would be useful for what you are applying for:		

II. Background Information

☛ Background Checks are routinely run by the Village of Holmen.

Criminal charges or convictions are not an automatic bar to volunteer service. The Village of Holmen will consider the nature of offense, date of the offense, and relationship between the offense and volunteer position.

Is there a criminal charge, felony, misdemeanor, or forfeiture currently pending against you? If "yes," attach an explanation. Describe the charge(s), legal jurisdiction and date.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you <u>ever</u> been convicted of a crime, felony, misdemeanor, forfeiture, or other criminal offense? If "yes," attach an explanation. Describe the charge(s), legal jurisdiction and date.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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III. Agreement

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification from volunteer service. Furthermore, it is understood that this registration and records become the property of the Village of Holmen, which reserves the right to accept or reject it. I further agree to abide by all rules, regulations, and policies of the Village of Holmen. I hereby authorize the Village of Holmen to utilize third party agencies to collect reports by contacting law enforcement agencies, city, state, county, and federal courts to release information about my background including, but not limited to, information about my criminal record. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my volunteer service. I understand I have the right to obtain a copy of background check reports if the written request is made within 60 days of signature below.

I understand I will be responsible for maintaining confidentiality regarding information seen and/or heard while working as a volunteer.

Signature of Applicant (in ink): _____ **Date:** _____

It is the policy of the Village of Holmen to provide volunteer opportunities without regard to race, color, national origin, gender, age, marital status, sexual preference and/or disability. Questions regarding compliance should be addressed to: Park & Recreation Director.

Office Use Only

Date Registration Received:		Clear/Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Trace completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date added to Volunteer List:	
Criminal Background completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		