



Form Center

By signing in or creating an account, some fields will auto-populate with your information and your submitted forms will be saved and accessible to you.

Volunteer Application Form

[Sign in to Save Progress](#)

First Name*

Last Name*

Address*

Phone*

Email*

City*

State*

Zip*

Date of Birth*

Driver's License*

[Select Language](#)

Please let us know your volunteer interests.

What volunteer opportunities interest you?*

If interested in a specific department or volunteer position, please specify.

Please list any previous volunteer experience you have.*

Do you have any special skills or training?*

Do you speak or write a language other than English?*

- Yes No

What is your purpose for volunteering?*

Do you have any restrictions or limitations for service? (i.e., health concerns, allergies, etc.)*

When will you be able to volunteer?*

- Monday Friday
 Tuesday Saturday
 Wednesday Sunday
 Thursday Please check all that apply

Have you ever worked or volunteered for the City of West Allis, Wisconsin?*

- Not sure Yes No

If yes, please provide details below

Are you related to anyone working for the City of West Allis?*

- Yes No

Select Language

If yes, please provide details below

By typing my name below, I certify, authorize, or acknowledge: That all the information provided by me on this application for volunteering and any attachments or supporting documents I submit are accurate. Recognizing that the City may rely upon information I provide to make decisions on volunteers, I hereby certify that all information herein presented is accurate and free from omission, falsification, or misleading information. I authorize the City of West Allis to conduct background, personal, criminal, employment, volunteer history, or any type of investigation it may require to determine my fitness for volunteering. Convictions from a criminal background check will not necessarily disqualify an applicant for volunteer opportunities. Additionally, I understand that the City may require a physical examination, including, but not limited to, a drug screening.

First Name*

Last Name*

Parent/Guardian First Name

Parent/Guardian Last Name

If applicant is under the age of 18

Date*

mm/dd/yyyy

Please enter today's date

Receive an email copy of this form.

Email address

This field is not part of the form submission.

Submit

* indicates a required field

Select Language