



# Our Next Generation Volunteer Application

Please return completed form to:

[volunteer@ongkids.org](mailto:volunteer@ongkids.org) or

fax to 414-933-9710 or

3421 W. Lisbon Avenue, Milwaukee

Office Use Only
DofAPP: _____
DofOrien: _____
BGcheck: _____
Startdate: _____

### Contact Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Best time to contact you? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Demographic Information:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Ethnicity:  Native American  Asian  White  Black  Hispanic  African

Multi-racial (check all that apply)  Other: \_\_\_\_\_

### Background Check \*Please note that Wisconsin State law requires us to conduct a background check for all volunteers working with children

Have you ever been arrested or convicted of a crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### Affiliations: Please list any organizations (employer, faith-based, civic, school, etc.) you are connected to:

Organization Name: \_\_\_\_\_ City: \_\_\_\_\_

Your Affiliation: \_\_\_\_\_

Organization Name: \_\_\_\_\_ City: \_\_\_\_\_

Your Affiliation: \_\_\_\_\_

### How did you hear about us?

<input type="checkbox"/> Website	<input type="checkbox"/> Faith Organization	<input type="checkbox"/> Newsletter/Mailing
<input type="checkbox"/> Email	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Event/Resource Fair
<input type="checkbox"/> ONG Board Member	<input type="checkbox"/> College/University	<input type="checkbox"/> Referred by: _____
<input type="checkbox"/> ONG Volunteer	<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Other: _____

Over, please! - - - - >

**Volunteer Preferences:** [Check any/all that apply]

I work best with:       6 – 8 year olds       9 – 12 year olds       13 and older       No preference

**Additional Volunteer Opportunities:** [Check any/all that apply]

- Literacy Enrichment Mentor:** Mentors help our staff deliver fun and engaging literacy activities in small groups of 1<sup>th</sup>-8<sup>th</sup> graders
- Guest Reader:** Volunteers lead a story circle with 1<sup>st</sup> – 3<sup>rd</sup> graders in a small group setting.
- High School Connection:** Volunteers work with 9<sup>th</sup> – 12<sup>th</sup> graders on life skills and career readiness training.
- Other:** Do you have special knowledge or skills that you'd like to share with our students or our organization? Please explain: \_\_\_\_\_

**Additional Availability:**

- I may be available additional evenings for one-time and special event volunteering
- I may be available weekends for one-time and special event volunteering

**CERTIFICATE OF APPLICANT:** I authorize Our Next Generation, Inc. (ONG) to make any inquiry of, or receive information from any person or organization regarding my suitability as a volunteer; and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, and records of convictions. For and in consideration of the release of such information, hereby forever waive, release, and covenant not to sue any person or organization including ONG, its agents and employees for the result of providing, obtaining, or acting upon such information. I give this waiver, release and covenant not to sue for myself, my heirs, assigns, and successors in interests forever. I give this waiver, release, and covenant not to sue understanding that the information obtained may be such as to disqualify me from participation as a volunteer. I understand that such information is sought with confidentiality, and I will not request copies of such information. However, conviction records are public records. I also certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal as a volunteer. A copy or facsimile of this authorization shall be effective as the original. As a volunteer, I give permission to ONG to take my photographs/videos during program activities to be used for education and public relation purposes.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date