

**Kettle Moraine Gardens
Volunteer Application**

Start date:
End Date:
References:

Today's Date: _____

Full Legal Name: _____
(Last) (First) (Middle Initial)

Former Names or Nicknames: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Address: _____

Driver's License Number/ State: _____

E-Mail Address: _____

Best way to contact you: _____

VOLUNTEERING INTEREST:

Previous healthcare work experienc Yes _____ No _____

What are you hoping to gain from volunteering at Kettle Moraine Gardens? _____

How did you hear about Kettle Moraine Gardens? _____

PERSONAL AND COMMUNITY EXPEF (Volunteer or Work) _____

REFERENCES: Please list two individual other than relatives who can thoroughly be able to advise about your experiences.

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

I CERTIFY MY ANSWERS ARE TRUE AND COMPLETE. I UNDERSTAND THAT:

- * KETTLE MORAIN GARDENS WILL BE CHECKING MY REFERENCES AND BACKGROUND HISTORY.
- * IF I AM ACCEPTED AS A VOLUNTEER, ANY FALSE STATEMENTS, OMISSIONS OR OTHER MIS-REPRESENTATION ON THIS APPLICATION MAY RESULT IN IMMEDIATE DISMISSAL.
- * COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE AS A VOLUNTEER.
- * MY VOLUNTEER SERVICES CAN BE TERMINATED AT ANY TIME/ WITH OR WITHOUT CAUSE/ OR NOTICE.

Signature: _____