

City of Franklin
9229 West Loomis Road
Franklin, Wisconsin 53132

VOLUNTEER FACT SHEET

Thank-you for your interest in serving on a City Board, Commission, or Committee. In order that consistent information be provided to the Common Council, you are asked to complete the following:

PERSONAL:

Name _____

Address _____

Phone Number _____

E-Mail _____

Length of Time a Franklin Resident _____

Alderman or District Number _____

AREA OF INTEREST: Please check the line next to the Board, Commission or Committee or area of greatest interest. If listing more than one, please prioritize your top three choices (3 being least priority).

- | | |
|---|--|
| <input type="checkbox"/> Architectural Review Board | <input type="checkbox"/> Civic Celebrations Commission |
| <input type="checkbox"/> Community Development Authority | <input type="checkbox"/> Economic Development Commission |
| <input type="checkbox"/> Environmental Commission | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Fair Commission | <input type="checkbox"/> Board of Health |
| <input type="checkbox"/> Fire and Police Commission | <input type="checkbox"/> Parks Commission |
| <input type="checkbox"/> Library Board | <input type="checkbox"/> Plan Commission |
| <input type="checkbox"/> Personnel Committee | <input type="checkbox"/> Quarry Monitoring Committee |
| <input type="checkbox"/> Board of Public Works | <input type="checkbox"/> Board of Review |
| <input type="checkbox"/> Technology Commission | <input type="checkbox"/> Tourism Commission |
| <input type="checkbox"/> Board of Water Commissioners | <input type="checkbox"/> Waste Facilities Monitoring Committee |
| <input type="checkbox"/> Board of Zoning & Building Appeals | |

Why are you interested in joining this (these) particular Board and/or Commission?

VOLUNTEER OR WORK EXPERIENCE

(Begin with your most recent employment and continue with all past 10 years of employment. Please attach additional paper or include resume, if available.)

Company Name:	Address:	Telephone:
Date started:	Starting Position:	
Date left:	Position upon leaving:	
<u>Description of duties:</u>		

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Company Name:	Address:	Telephone:
Date started:	Starting Position:	
Date left:	Position upon leaving:	
<u>Description of duties:</u>		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS: List any other experience, skills, or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for volunteering.

I am aware that all of the information provided and this document itself is a public record which will be released to a requestor; that I authorize such release and that I waive any right to any notice of such release and/or any right of notice to augment the information provided upon this document upon such request or release.

Signature: _____

Date: _____

VOLUNTEER FACT SHEET

NOTIFICATION AND AGREEMENT

I certify that the information provided by me in this Application is true and complete to the best of my knowledge. I understand that if I am appointed, any false statements or omissions can be cause for reconsideration or termination of the appointment.

The City of Franklin is hereby authorized to verify the information I have supplied and to conduct any review or investigation of my personal history. By signing below I also authorize the City of Franklin and it's assigns to perform a background check on all information provided by me on this application, including but not limited to, information related to past or pending criminal charges, past criminal convictions, education and employment history, and the status of property tax, fines, and fee payments I owe the City. I further authorize any holder of information pertaining to the information supplied by me on this application to release such information to the City, which shall remain confidential to the extent provided for pursuant to Wisconsin law. I understand and agree that the City shall not be held liable in any respect for any actions taken by the City to check such information. I further understand and agree that the record of the information obtained during the background check is a public record and is subject to release upon a request for the record, subject to the considerations to be made under and the application of the Wisconsin open records laws.

It is the intent of the City of Franklin to comply with all state and federal requirements and to operate within the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, utilization, or termination of Board and Commission appointments, there will be no discrimination on the basis of race, color, religious belief, age, gender, sexual orientation, national origin, citizenship status, disability, marital status, pregnancy. **Do not include information of this nature in the application.** It is the City of Franklin's intention that all qualified applicants be given equal opportunity and that selection decisions be based on position-related factors.

I understand that should a Board or Commission appointment offer be extended to me and accepted I will be subject to and will fully adhere to the policies, rules, and regulations of the City of Franklin and State of Wisconsin, including but not limited to those related to ethical standards, public records, and public meetings.

Applicant's Signature _____

Date: _____

Applicant's Name (Printed) _____

Applications are kept on file for 2 years.