



# Peace Learning Center

of Milwaukee, Inc.

3224 N. Gordon Place • Milwaukee, WI • 53212 • 414.350.4721

*Our mission is to be a catalyst in our community for non-violent conflict management and respect for self, others, and the environment.*

## VOLUNTEER APPLICATION

Please complete this Volunteer Application and Disclosure Form (on back) and return to the PLC Executive Director. Peace Learning Center of Milwaukee, Inc. (PLC) will contact you once the application has been processed. No one may engage in PLC volunteer work until their application has been approved by PLC.

**FULL NAME:** \_\_\_\_\_

**ADDRESS, CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE/OTHER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE (list type of work/organization):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**DAY(S) OF THE WEEK AVAILABLE:** \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**RESPONSIBILITIES** (preferred tasks ~ check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Volunteer in Workshops                      | <input type="checkbox"/> Manage survey/evaluation administration | <input type="checkbox"/> Represent PLC at community information events |
| <input type="checkbox"/> Scheduling/confirmations                    | <input type="checkbox"/> Develop/manage/update database          | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Photocopy Student Workbooks                 | <input type="checkbox"/> Coordinate mailings                     | _____  |
| <input type="checkbox"/> Create Student Certificates                 |  |  |
| <input type="checkbox"/> Create/manage posters or classroom products |  |  |

***VOLUNTEER STATEMENT:** I am applying to be a volunteer as part of the Peace Learning Center of Milwaukee, Inc.. As a volunteer, I understand I will not receive pay for this duty. In addition, I understand that no employer/employee relationship will exist. In order to ensure safety in our organization and for protection of the students attending Peace Learning Center of Milwaukee workshops, I authorize PLC of Milwaukee, Inc. to conduct an annual background check. I hereby release Peace Learning Center of Milwaukee, its board and its agents, as well as all providers of information, from any liability related to furnishing, receiving, or using information related to arrests and convictions.*

Signature, Date

*(turn over • please fill out both sides of this form)*

**Peace Learning Center of Milwaukee, Inc. (PLC)  
VOLUNTEER DISCLOSURE FORM**

Protecting the safety and well being of affiliated students & school staff, PLC staff, PLC Board members, and PLC volunteers is of paramount importance. As a precautionary measure, PLC will conduct criminal background checks on all PLC volunteers working directly with minor students and/or who have consistent access to students or student records. Background checks will be conducted prior to the first date of volunteer work within PLC. Background checks will be completed annually and PLC reserves the right to conduct additional background checks as deemed appropriate. Except as may be required by law, PLC will maintain the confidentiality of information obtained through background checks.

PLEASE PRINT CLEARLY

**CURRENT NAME:**

\_\_\_\_\_

*Last First Middle*

\*List all names you have ever had or have used (including Maiden name) \_\_\_\_\_

**CURRENT ADDRESS:**

\_\_\_\_\_

*Street City State Zip*

**NUMBER OF YEARS AT THIS ADDRESS:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER:** Male Female

**NUMBER OF YEARS LIVING IN WISCONSIN:** \_\_\_\_\_

**IF LESS THAN FIVE (5) YEARS IN WISCONSIN, WHICH STATE DID YOU LAST RESIDE IN & HOW LONG?**

**CIRCLE ONE:**

Yes No Have you ever been convicted of, or do you have any charges pending, or are you under investigation for, any felony, misdemeanor, sexual offense, or ordinance/statute violation? IF YES, please include date, location, nature and circumstances of offense.

\_\_\_\_\_  
\_\_\_\_\_  
*I authorize the Peace Learning Center of Milwaukee, Inc. to review my personal background. I consent to having Peace Learning Center of Milwaukee, Inc. conduct a full and complete criminal background check. I understand that any misrepresentation or omission on this statement may result in immediate disqualification for any volunteer service within Peace Learning Center of Milwaukee, Inc. I understand that Peace Learning Center of Milwaukee, Inc. will verify the information I have provided above. I understand that Peace Learning Center of Milwaukee, Inc. reserves the right to deny my application to serve as a volunteer. I hereby release the Peace Learning Center of Milwaukee, inc., its board and its agents, as well as all providers of information, from any liability related to furnishing, receiving, or using information related to arrests and convictions.*

\_\_\_\_\_  
*Signature, Date*

**PLC OFFICE USE:**

Date: \_\_\_\_\_ Background Check Completed: Yes No PLC Signature: \_\_\_\_\_

Background Check(check one):  Approved  Not Approved  Requires Further Review

Volunteer Referred by: \_\_\_\_\_

Applicant Notified (Circle): Yes No on (date): \_\_\_\_\_ method (circle): voice message email voice contact letter