

Membership Application

Live • Work • Learn



Urban League of
Greater Madison

CONTACT INFORMATION

Last Name		E-mail:	
First Name	M.I.	Facebook user name:	
Home address		Unit#	Cell Phone: Text <input type="checkbox"/>
City, State	Zip Code	County	Alternate phone:

DEMOGRAPHICS

Date of Birth: Month / Day / Year _____ / _____ / _____ Age _____ **Gender** select one Male Female Other

Social Security Number _____ - _____ - _____ **Are you a U.S. Veteran?** Y N

Race/Ethnicity Check all that apply
 Black/African American White/Caucasian Hispanic/Latino/Spanish Origin Asian/East Indian
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Other _____

Marital Status: Single/Never Married Married Separated Divorced Widowed

Do you receive FoodShare/do you have a Wisconsin Quest card? Y N Do you receive W2? Y N
Are you enrolled in FoodShare Employment Training (FSET)? Y N If yes, caseworker name _____

How many dependent children do you have? _____ Are you a single parent with primary placement? Y N
How many attend school in Dane County? _____ Total number of people living in your household: _____
Adults + Children

Highest level of education completed: 8th Grade or less Some High School High School Diploma or GED Some College
 Technical Degree Associate's Degree Baccalaureate Degree Master's Degree PhD

Identify your **household's yearly gross income** (before taxes)¹
 \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000 \$40,001 and over

Is this your first application for membership to the Urban League of Greater Madison? Y N

What Urban League programs or services interest you? _____

Please list any special skills, training, certifications, or proficiencies: _____

Please attach a current résumé and recent cover letter – or –
use the form below to provide information on your two most recent employers.

	CURRENT OR MOST RECENT		PRIOR	
Employer Name				
Employer Address				
Telephone		Full time <input type="checkbox"/> Part time <input type="checkbox"/>		Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Immediate Supervisor				
Dates of Employment	From	To	From	To
Position/Job Title				
Primary Duties				
Reason for Leaving				
May We Contact?	YES NO	Hourly pay \$	YES NO	Hourly pay \$

I have completed this Application for Membership accurately and to the best of my ability. I understand that inaccurate or misleading answers may delay or forestall my membership and access to services.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Member name _____

Follow up/date: e-mail _____ phone _____ U.S. mail _____

Services FSET SDF FFTT/START Foundations Customer Service CLASS IT HATP
 Bronze Other _____

Need Résumé Cover letter Current income \$ _____ **Status** Unemployed Employed, seeking new/better

Job preference: Full time Part time _____

Barriers _____

Degree Interested in volunteering to tutor middle school in our Schools of Hope program? Y N

How did you hear about the Urban League? _____

Notes: _____