

City of Sheboygan Mayor's International Committee General Travel Policy

Purpose and Applicability

The City of Sheboygan's Mayor's International Committee ("MIC") is a special committee composed of one alderperson and up to 17 volunteers who reside within the Sheboygan Area School District and who are appointed by the Mayor to serve a one-year term. The MIC endeavors to foster friendship and understanding with Sheboygan's Sister Cities. MIC members may be invited to participate in international and other travel opportunities to represent the City of Sheboygan and support our relationships with Sister Cities.

The purpose of this policy is to establish guidelines and expectations when MIC members travel on the City's behalf. This policy shall be supplemented by separate addenda for each international trip.

Authorization

Travel expenses are authorized by the Mayor based upon the funds collected through donations. MIC trip opportunities shall be offered to all MIC members. When opportunities are limited to less than the full MIC by factors outside of the City's control, all MIC members shall be given an opportunity to apply to participate and the Mayor will select which members are invited to attend. Similarly, when funds are insufficient to meet the financial obligations of a trip, the Mayor may establish a stipend program whereby participating members are eligible to receive partial reimbursement of their expenses.

Behavioral Expectations

MIC members traveling on behalf of the City of Sheboygan/MIC are expected to follow the City's policies for employee conduct and the laws and regulations of the host location. At all times while traveling on behalf of MIC, MIC members are considered volunteers. As such, MIC members shall be required to complete the City's Volunteer Application and Waiver and consent to a criminal background check prior to being authorized to participate in the trip.

Expense Reimbursements

MIC travel reimbursements vary depending upon the trip and the available funds in the MIC Fund. Some trips may not be eligible for reimbursement. In all cases, reimbursement allowances will be communicated verbally, and in writing, prior to inviting participation. Personal expenses are not reimbursable. MIC members are expected to participate in all events on a trip itinerary identified as "mandatory" and to participate in all provided or coordinated means of transportation in order to be eligible for full reimbursement consistent with the applicable trip reimbursement allowance.

Emergencies

MIC members shall supply emergency contact information to the Mayor prior to any trip. For international trips, MIC members should register with the Smart Traveler Enrollment Program ("STEP") to assist travelers in situations of political unrest, natural disasters, or other crises. The registration link is: <https://mytravel.state.gov/s/step>.

Visas, Identification, Vaccinations, and Insurance

Visas, passports, or real IDs may be required in connection with a trip. MIC members are responsible for ensuring these documents are timely available for each trip. The City will not reimburse for expenses related to securing these documents. Vaccinations recommended by the Centers for Disease Control and Prevention are the MIC member's choice and responsibility. The City will not reimburse for expenses related thereto. If a MIC member extends a trip beyond the official itinerary, the City's insurance coverage does not apply before or after the trip obligations are fulfilled or when the MIC member otherwise departs from the itinerary.

Mayor's International Committee Volunteer Travel Application

Contact Information

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Person to Notify in Case of Emergency

Name _____ Relationship _____

Home/Cell Phone _____ Work Phone _____

Email _____

References

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____

Additional Information

Do you have a medical condition or physical limitation we should be aware of?

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain:

The City of Sheboygan is committed to ensuring the confidentiality of all protected information provided to or received from its members, employees, volunteers, donors, consultants and board members. By signing:

- I agree to uphold and abide by the City of Sheboygan's applicable policies and procedures.
- I authorize the City of Sheboygan to conduct a background check on me which may or may not include, but not be limited by, contacting my references regarding my conduct and character.
- I may terminate my relationship with the City of Sheboygan at any time for any reason, just as the City of Sheboygan expressly reserves the right to terminate any volunteer at its sole discretion.

CITY OF SHEBOYGAN MAYOR'S INTERNATIONAL COMMITTEE
VOLUNTEER WAIVER AND RELEASE FOR TRAVEL EXCURSIONS

Please read carefully. This is a legal document that affects your legal rights. Read this entire document before signing. By signing this document, you will be giving up legal rights that you might otherwise have if an incident resulting in injury or property loss happens while on a Mayor's International Committee ("MIC") Travel Excursion. If you do not understand anything in this document, you should not sign it and you may seek advice from a lawyer. Requests for modifications may be directed to the City Attorney's Office at (920) 459-3917.

_____ As a volunteer participating in MIC travel excursions, I understand that I will be participating in travel activities that carry risk of injury, illness, death, or property loss. Some of the activities I may be able to engage in include but are not limited to: air/bus/boat travel, hiking, cooking, walking, and tours. I understand that the City of Sheboygan or the participating travel agency cannot prevent all risks. I expressly assume the risk of injury or harm.

_____ I hereby release and forever discharge the City of Sheboygan from any liability or claim that I may have against the City with respect to any bodily injury, personal injury, illness, death, or property damage that may result while I am volunteering as a travel companion, whether caused by myself or by the negligence of the City, its officers, directors, employees, agents, or otherwise. I understand that this liability waiver and release does not apply to harm caused by the City's intentional or reckless conduct.

_____ I understand that the City does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness while volunteering. I understand that the City does not carry or maintain health, medical, or disability insurance coverage for any volunteer. I understand that while I am participating in an MIC travel excursion, I am provided with liability insurance coverage under the provisions of the City's liability insurance policy. Each volunteer should obtain his/her own medical or health insurance coverage.

_____ I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in this document.

_____ I understand that this Waiver and Release is intended to be as broad and inclusive as permitted by Wisconsin law and that this document shall be governed by Wisconsin law. I understand that if any provision of this document is found by a court of competent jurisdiction to be invalid, such invalidity shall not otherwise affect the remaining provisions.

_____ I hereby grant and convey unto the City of Sheboygan all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the MIC Travel Excursion, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Name _____

Signature _____ Date: _____

Address _____

Telephone Number _____ Type (circle one) Cell Home Work



APPLICANT CONSENT FOR BACKGROUND CHECK

How are you protected?

Indicating you have an arrest or conviction record does not automatically disqualify you from consideration for a job. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination based on an arrest or conviction record. It is not discrimination, however, to decline to hire a person based on the person's arrest record, a pending charge, or conviction record if deemed substantially related to the circumstances of the particular job. Information gathered in the Criminal Background Check will enable us to determine if the arrest or conviction record is substantially related to the job.

The information you provide on this form will be retained in a **confidential** manner.

What do you need to do now?

Applicants are required to complete, sign and return the attached form in order to participate in an MIC travel excursion. Submit completed forms to Cati Pudner, City of Sheboygan Assistant to the Mayor.

This form must be completed and returned at least three weeks prior to the anticipated travel departure date.

Definition of terms used on this form:

Arrest Record: "Includes, but is not limited to, information indicating that an individual has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for any felony, misdemeanor or other offense pursuant to any law enforcement or military authority." s. 111.32(1), Wis. Stats.

Conviction Record: "Includes, but is not limited to, information indicating that an individual has been convicted of any felony, misdemeanor or other offense, has been adjudicated delinquent, has been less than honorably discharged, or has been placed on probation, fined, imprisoned, placed on extended supervision or paroled pursuant to any law enforcement or military authority." s. 111.32(3), Wis. Stats.

Criminal Charge: A criminal complaint, information, or indictment filed in a state, federal, tribal or international court of law.

- Prior to completing this form, it may be beneficial to review the Wisconsin Circuit Court records pertaining to you at <http://wcca.wicourts.gov> and obtain a copy of your driver license abstract at <http://www.dot.wisconsin.gov/drivers/drivers/request-record.htm>.
- Please remember not all fines/convictions may appear on the Wisconsin Circuit Court site. To obtain your complete record visit <http://www.doj.state.wi.us>

Failure to report a fine and/or conviction may result in not being considered for this position.

Questions about this form may be directed to Cati Pudner, City of Sheboygan Assistant to the Mayor.

APPLICANT CONSENT FOR BACKGROUND CHECK

OFFICE USE ONLY

Position Type: Volunteer

This position does not have a fleet requirement.

In order to be considered for the position, for which you applied, we must complete a Criminal Background Check. As part of the Criminal Background Check the City may obtain a consumer report that includes, but is not limited to, creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, reference checks, DMV records, any other public records and any other information bearing on your credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

Failure to provide all requested information below, including your Social Security Number, will prevent the City from completing the required background check, and will result in your disqualification from consideration.

Name (Last, First, Middle)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race
Date of Birth (Month/Day/Year)	Social Security Number	
Street Address	City, State, Zip Code	
Email Address	Day Phone: Evening Phone:	
Former Name(s)/Aliases (First, Middle, Last) (Including Maiden Name)		

Have you always lived in Wisconsin Yes No

If **No**, provide place(s) of residence (State/County) and time period(s)

Place(s) of residence outside of Wisconsin and time period(s) for the last 7 years. Attach additional pages if needed.
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Do you have criminal charges pending against you? Yes No

Have you been convicted of any crime anywhere, including in federal, state, local, military and tribal courts?

Yes No

If you answered "Yes" to any of the above questions, please indicate: (Attach additional pages if necessary to include the same information for each pending charge or convicted crime).

The nature of the offense	
Date of the offense	Date of conviction

County and State or territory where criminal charges(s) is/are pending against you.
Name, location, address of court
Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension etc.).

Notice: By my signature below I hereby authorize and consent to the State of Wisconsin's procurement of such a report. This information will be retained in my application file, which is confidential. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge: however, it is not discrimination to decline to hire a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job. Failure of any applicant (current or potential employee) to disclose any requested information, including but not limited to: criminal or ordinance violations, convictions, fines, forfeitures, pending charges (including traffic and DNR charges) or expunged offenses, will make you ineligible. This includes all adult fines and/or convictions regardless of how many years have elapsed.

I affirm that all the information on this document is true and complete to the best of my knowledge and I understand that any falsification or omission of information will disqualify me for this position. I authorize the City of Sheboygan to conduct a background check and verify the information provided above and to procure a consumer credit report if applicable.

APPLICANT SIGNATURE	DATE SIGNED
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HUMAN RESOURCES OFFICE USE ONLY			
Processed by:	Date Processed:	Requested by:	Decision <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible