

Thank you for your interest in volunteering with us. Please fill out this form so a volunteer coordinator can provide you with opportunities that match your group's interests and availability.

**PLEASE NOTE:** Only use this packet if you are volunteering with the City of Edgerton as a **group**. If you are volunteering as an individual, please fill out the **Individual Application**.

## GROUP INFORMATION

Fields marked with a **red asterisk(\*)** are required.

\*Group Name: \_\_\_\_\_

\*Federal ID Number: \_\_\_\_\_ Website URL: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Number of People in Your Group: \_\_\_\_\_

Youngest Age: \_\_\_\_\_ Oldest Age: \_\_\_\_\_

Are any participants of your volunteer group under the age of 18?  Yes  No

If there are participants under the age of 18, a parent or guardian must complete the minor release form found at the back of this packet. Each minor is required to have this form completed.

## GROUP SPONSOR / CONTACT INFORMATION (MUST BE AT LEAST 18 YEARS OF AGE)

### Primary Contact

\*Primary Contact Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Preferred method of contact: \_\_\_\_\_

\*Preferred contact time: \_\_\_\_\_

### Secondary Contact

\*Secondary Contact Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Preferred method of contact: \_\_\_\_\_

\*Preferred contact time: \_\_\_\_\_

**VOLUNTEER PREFERENCES**

**When is your group available to volunteer? Check at least one, or as many as are applicable to your availability.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> One Time      | <input type="checkbox"/> Once per Month | <input type="checkbox"/> Holidays          |
| <input type="checkbox"/> Short Term    | <input type="checkbox"/> Weekdays       | <input type="checkbox"/> Specific Projects |
| <input type="checkbox"/> Long Term     | <input type="checkbox"/> Weekends       | <input type="checkbox"/> Summer Months     |
| <input type="checkbox"/> As Needed     | <input type="checkbox"/> Day Time       | <input type="checkbox"/> School Days       |
| <input type="checkbox"/> Once per Week | <input type="checkbox"/> Evening        |  |

**Please indicate the City of Edgerton department for which your group is interested in volunteering.**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Public Works |
|---|---------------------------------------|

**Please indicate for which activity your group is interested in volunteering.**

- |  |  |
|--|--|
| <input type="checkbox"/> Boards and Committees | <input type="checkbox"/> Volunteers in the Parks |
| <input type="checkbox"/> Event Assistance      | <input type="checkbox"/> Special Projects        |
| <input type="checkbox"/> Citywide Cleanup      | <input type="checkbox"/> Other: _____            |

Please read the following statement and indicate agreement at the end of the statement.

**YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION TO BECOME A CITY OF EDGERTON VOLUNTEER UNLESS YOU AGREE TO THE FOLLOWING STATEMENT AND INDICATE SO BY SIGNING AT THE END OF THE STATEMENT.**

The sponsoring organization will be required to provide the city with proof of liability insurance covering the group's specific project activity. The proof for insurance coverage [a certificate of insurance signed by a licensed agent representative of the insurance company] must be current and submitted with the project application or prior to any group project activities.

The sponsoring organization shall indemnify, defend and hold the city harmless for any loss, bodily injury, or damage incurred by the sponsoring organization and/or group members, and/or the result of the sponsoring organization's or group's actions or conduct.

The sponsoring organization shall be responsible at all times for the actions, character, control, supervision and conduct of the group volunteers.

The sponsoring organization understands that any volunteer conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize the public trust

in the city of Edgerton shall result in removal of the group from volunteer activities.

The group leader must maintain a list of all group volunteers containing names, addresses and ages; and provide such upon demand for any city approved group project.

All group activities will be by assigned projects. The designated group leader will be responsible for the project completion and supervision of the group members.

I acknowledge that volunteer photographs may be taken for possible use in: news releases, internal publications, promotional and educational materials.

To the best of my knowledge I have answered everything on this application truthfully and have not given any information intended to deceive or commit fraud or made any false statement that might be construed as such.

Applications will be kept on file for one year.

\_\_\_\_\_  
**Signature**

**FOR OFFICE USE ONLY**

Type of Volunteer Activity: \_\_\_\_\_ Volunteer Department: \_\_\_\_\_

Working with Kids Under 18?  Yes  No

Background Check Needed?  Yes  No

If Yes, Date Approved: \_\_\_\_\_ Volunteer Application:  Approved  Denied

vs. 3.28.17



In signing this Form, I acknowledge that I have read, understand and agree to the following:

I, \_\_\_\_\_, (**print or type name**) a resident of the State of Kansas, 18 years of age or older, and the parent and/or legal guardian of [**MINOR**]; in consideration of authorization by the City of Edgerton, Kansas (**CITY**) to permit **MINOR** to serve as a volunteer of said municipal corporation, I acknowledge that volunteer duties can involve risks and the potential for injury; thereby assume all risk of personal injury or death, and property damage or loss from whatever causes, arising from such volunteer activities.

**NOW, THEREFORE**, for and in consideration of the premises and the mutual promises, covenants, and agreements set forth in this Agreement, the **CITY**, parent/guardian of **MINOR** agrees that the **CITY**, its elected officials, volunteers, agents, or employees, shall not be liable or responsible for, and shall be **SAVED, HELD HARMLESS, RELEASED** and **INDEMNIFIED** by parent/guardian of **MINOR** from and against any and all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not limited to all expenses of litigation, court costs, and attorney fees for injury or death to any person, or injury to any property received or sustained by any person or persons or property arising out of, or occasioned by, directly or indirectly, the participation of **MINOR** in the **CITY'S** volunteer program.

It is further understood and agreed that **MINOR** will participate solely as an individual on a voluntary basis and not as an employee, contractor or agent of the **CITY** or of its agents or employees.

I grant the City of Edgerton permission to take photographs of **MINOR** for possible use in: news releases, internal publications, or promotional and educational materials. I also grant permission for said photographs to be used by the City of Edgerton. The City of Edgerton shall not be responsible for photographs taken by magazines or newspaper reporters who may be on site.

In making this Agreement, parent/guardian of **MINOR** relies wholly upon his/her own judgment, belief and knowledge and has not been influenced to any extent whatsoever by any representations or statements not contained in this document.

\_\_\_\_\_  
MINOR Signature

\_\_\_\_\_  
PARENT/GUARDIAN Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN Address/City/State/Zip Code

Telephone Number: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Parent/Guardian's Signature Witnessed by: [Disinterested party (non-relative)] \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

\_\_\_\_\_  
Address/City/State/Zip Code