

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 interests and availability.

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

CONTACT INFORMATION

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

*First Name: _____ *MI: _____ *Last Name: _____

Other Name Used: _____

*Address: _____ *City: _____ *State: _____ *Zip Code _____

*Phone Number: _____ Alternate Phone: _____ Email: _____

*Preferred Method of Contact: Phone Email

Employer: _____ Occupation: _____

Are you 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. Once completed, please submit it attached to the Individual Volunteer Application.

VOLUNTEERING EXPERIENCE

Have you ever volunteered for the City of Edgerton before? If yes, please enter the dates you served.

Yes No Dates: From: _____ To: _____

Have you volunteered for any other organizations besides the City of Edgerton, please list those positions below:

1	2
Organization: _____	Organization: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Please list any trades, skills or training that might be helpful for matching you with volunteer opportunities.

**REFERENCES**

Please list two (2) references, other than relatives, who have known you for the past five (5) years: (fill in as much information as possible)

Reference 1

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Reference 2

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

VOLUNTEER PREFERENCES

When are you 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 you are interested in volunteering.

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

Please indicate for which activity you are 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: _____ |

OTHER INFORMATION

Have you ever been convicted of a criminal offense? YES NO

A conviction will not necessarily bar participation with the City of Edgerton's Volunteer program, but will be considered within the context of the entire application.

A current Tetanus vaccination is recommended in order to perform volunteer work.

YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION TO BECOME A CITY OF EDGERTON VOLUNTEER UNLESS YOU AGREE TO THE FOLLOWING STATEMENT AND SIGN AT THE END OF THE STATEMENT. YOU MAY BE REQUIRED TO FILL OUT ADDITIONAL DOCUMENTATION.

I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Edgerton.

I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the City of Edgerton will result in dismissal.

I understand that depending upon the nature of the volunteer assignment; the City of Edgerton may deem it necessary to obtain a Driver's License Record and/or a Criminal Background Check on individuals volunteering for the City of Edgerton. I hereby consent to the City of Edgerton to make any requests for a Driver's License Record and/or a Criminal Background Check on me. I release, relinquish, and remise the City of Edgerton, its employees, agents, and representatives, from any and all causes of action or liabilities which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.

I understand that my volunteer assignment with the City of Edgerton may be terminated at any time. Reasons for termination may include, but are not limited to, anything that might be present on my driving record or criminal background check or termination of the volunteer program.

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

Unless I specifically indicate my desire to work with certain animals, perform certain tasks, or in certain areas as indicated on the application, I may be asked to perform any type of volunteer work that is needed.

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 1 year.

Signature: _____

Date: _____

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: _____ 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