

Volunteer Application and Agreement Form

Last Name: _____ First Name: _____

Date: _____

*Name of Parent or
Guardian if under 18 years:

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____

Home phone: _____ Cell: _____

Fax: _____

EMAIL: _____

Company or Volunteer Group

Name: _____

Date of Birth: _____

Driver's License No. _____

Emergency

Contact: _____

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here?

____ Yes ____ No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Types of volunteer work you think you'd be most comfortable with:

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to
Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to
Mo./Yr. _____

City of Holt
315 Main Street Holt, Mo. 64048

Ph. 816-320-3391
P.O Box 170

Have you been convicted of a crime, felony or misdemeanor? No___ Yes___ If yes, please describe:

BACKGROUND CHECK: We may require prospective volunteers to submit to a background check upon request. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin.

___ I agree to have a background check.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Address: _____
Mailing

Tele. No.: _____

Name: _____ Address: _____
Mailing

Tele. No.: _____

___ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for the City of Holt, MO, I agree to abide by all applicable rules and regulations. I understand that I will receive no monetary benefits in return for my volunteer service and that the City may terminate this agreement at any time without prior notice for any reason. I hereby authorize the City to check my references, and I understand that a criminal background check may be required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against the City of Holt, MO, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself may suffer in connection with any volunteer work for the City. Further, I agree that the City is not liable for any damage to my property resulting from volunteer work. I agree that this release is as broad and inclusive as permitted by the laws of the State of Missouri.

Volunteer Signature: _____ **Date:** _____