

**City of Seminole**

**VOLUNTEER APPLICATION**

**Contact Information:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First MI  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

In case of emergency, please indicate at least one party whom we may notify:

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Address City / State ZIP

Are you at least 18 years of age?  Yes  No

If you are under 18 years of age, please check here: . A **parent or legal guardian** must sign a Parental Release Form on behalf of a minor.

**Education and Experience:**

High School or Technical/Trade School:

\_\_\_\_\_  
Name City / State Diploma/Certification

College:

\_\_\_\_\_  
Name City / State Degree

Current or previous employer: \_\_\_\_\_

Name City State

Do you have any experience working or volunteering?  Yes  No

If Yes, please describe: \_\_\_\_\_

Do you have any experience with computers, printers, copiers, or scanners?  Yes  No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

**Availability:**

Please check the days and times you would be available:

<input type="checkbox"/> Monday morning	<input type="checkbox"/> Monday afternoon	<input type="checkbox"/> Monday evening
<input type="checkbox"/> Tuesday morning	<input type="checkbox"/> Tuesday afternoon	<input type="checkbox"/> Tuesday evening
<input type="checkbox"/> Wednesday morning	<input type="checkbox"/> Wednesday afternoon	<input type="checkbox"/> Wednesday evening
<input type="checkbox"/> Thursday morning	<input type="checkbox"/> Thursday afternoon	<input type="checkbox"/> Thursday evening
<input type="checkbox"/> Friday morning	<input type="checkbox"/> Friday afternoon	
<input type="checkbox"/> Saturday morning	<input type="checkbox"/> Saturday afternoon	
<input type="checkbox"/> Sunday afternoon		

If you are a seasonal resident, please indicate when you would be out of the area:

\_\_\_\_\_

**Physical Requirements and Restrictions:**

Are you able to lift at least 15 pounds?  Yes  No

Do you have any physical limitations you wish to make us aware of: \_\_\_\_\_

**Other Requirements and Restrictions:**

If you are a student, are you seeking to do volunteer hours/community service in fulfillment of a graduation requirement at your school?

Yes  No

Are you seeking to do community service in fulfillment of a court order due to a legal infraction or offence?

Yes  No

If Yes, please provide the following information:

Name of Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If Yes, what is the infraction or offense: \_\_\_\_\_

Have you ever been convicted, charged with, or had adjudication withheld in a criminal offense other than a minor traffic violation, or are there any criminal charges now pending against you other than a minor traffic violation?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Pledge and Release:**

I pledge to perform my assigned duties, follow the directions of my supervisors, meet time commitments, and provide adequate notice so that alternate arrangements can be made in the case of my absence. In signing below, I agree to abide by the Volunteer Policy, the Code of Conduct, and all other policies and procedures of the City. I understand that my service to the City will not create the expectation of receiving any compensation, material benefits, or future employment from the City. This agreement is based upon the mutual understanding that either party may terminate this agreement without notice and without cause. Furthermore, I do hereby release and forever discharge the City of Seminole, and any of their employees/volunteers from any and all claims, demands, actions, or rights of action, arising from any injury I may incur while performing volunteer work or any other related activity.

Signature  
02/2014

Date

