



VOLUNTEER APPLICATION DEVELOPMENT SERVICES DEPARTMENT

CONTACT INFORMATION:

Name(s):

Address:

City

State

Zip Code

Telephone Number:

Cell Phone Number:

Email Address:

EDUCATION AND WORK SKILLS:

High School Graduate

Passed High School Equivalency test/GED

Other (describe):

College Graduate, if you:

Name of College or University:

Please list your major/minor or area(s) of study:

If you are currently a student, please list your current school; and if applicable, your area of study:

Please list and provide details on other skills you possess:

Languages you speak fluently:

Licenses/ certifications you hold:

Languages you speak fluently:

AREAS OF INTEREST:

Please check the box next to any of the following that are of interest to you; and feel free to check more than one:

Community Profile Assistant

Community Outreach Assistant

Historical Research Assistant

Office Assistant

AVAILABILITY:

Please indicate the frequency of time you are available to volunteer:

Once a week

Twice a week

Year Round

Seasonal

Daily

Other:

Special Events

One-time event

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Morning:

Afternoon:

Evening:

CURRENT EMPLOYER:

Current Employer Name:

Contact Person:

Address:

Telephone:

Email Address:

PAST EMPLOYER:

Current Employer Name:

Contact Person:

Address:

Telephone:

Email Address:

REFERENCES (WORK OR VOLUNTEER):

Name:

Description of Work Performed:

Address:

Telephone:

Email Address:

Name:

Description of Work Performed:

Address:

Telephone:

Email Address:

EMERGENCY CONTACT INFORMATION:

Name:

Address:

Name:

Address:

Relationship to Volunteer:

Telephone Number:

Relationship to Volunteer:

Telephone Number:

BACKGROUND INFORMATION:

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY.

"Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including but not limited to driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprisonment or jail time). "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer these questions, please ask for assistance.

"Convicted" means that you have been found guilty or "no contest" to a crime and/or have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI). All agreements between the applicant and the City of Mount Vernon for volunteer work will be subject to satisfactory review of any criminal convictions you may have.

****NOTE:** A criminal conviction(s) does not constitute an automatic bar from volunteering. Factors considered in this regard include, but are not limited to, age at time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the assignment(s) for which you are seeking. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions above fully and accurately, may result in the rejection of any pending volunteer application or offer for city volunteer work, or dismissal of City volunteer assignment, as applicable.

Have you ever been convicted of a crime in any domestic, foreign or military court, regardless of whether the conviction was later set aside or expunged?

Yes or No

Do you presently have any criminal charges pending in any court?

Yes or No

If you answered "Yes" to either of the questions above, please provide the following information:

Offence Charged With:	Was the Offence a Felony, Misdemeanor, or Traffic Charge?	Date Charged: (month/year)	Jurisdiction:	Details of Conviction: (i.e., fines, jail time, trial pending, etc.)

Do you have a number of service hours that you are required to fulfill? (school, court-ordered, or community service) Yes or No

If yes, how many hours are required and when is the deadline?

CONDITIONS OF VOLUNTEERING:

I fully understand, acknowledge and agree to the following conditions:

All statements made in this volunteer application are true and authorization is given to investigate all matters contained in this application. Any false statement or misrepresentation on this application will be cause for refusal of placement and immediate dismissal at any time during the period of my volunteer assignment.

The City of Mount Vernon is an equal opportunity employer committed to a diverse workplace. For ADA accommodations, please advise the City of your need.

I understand and agree that submitting this application form does not automatically register me as a City of Mount Vernon volunteer, and that there may be certain qualifications I must meet, including the acceptance of volunteer policies and procedures before I may begin volunteering. The City is under no obligation to accept all interested volunteers. Any or all of the following will be required before placement in a volunteer assignment: (A) Fingerprinting, (B) Background Investigation, and/or (C) Substance Abuse Testing.

I understand that the volunteer positions for which I have applied are all unpaid positions.

I also authorize the verification of any or all information I provide and understand that the City of Mount Vernon reserves the right to conduct a background check when applicable including, but not limited to, criminal record and driving record. I understand that information collected during a background check will be kept confidential. I certify that the information contained in this application is true and complete. Any misstatement or omission of material facts may subject me to disqualification or dismissal.

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

In consideration for being allowed to participate as an authorized Mount Vernon volunteer, I freely assume any and all risks that fall outside the limited protections provided for volunteers under State, federal or local law. I agree to limit my volunteer activities to those expressly authorized in connection with the volunteer position I have been assigned. If I observe any unusual significant hazard during my volunteer participation, I will remove myself from such participation and will immediately bring such to the attention of the nearest City official, employee or representative.

I agree that I will not drive any vehicle while performing my duties as a City volunteer without first receiving express authorization from the Volunteer Coordinator to drive such vehicle for that specific purpose. I recognize that authorization to drive a City vehicle will only be issued after a driving record check has been performed. If I am involved in any accident while participating in a volunteer project, I will immediately report it to the Volunteer Coordinator. I will not perform any professional services in my capacity as a volunteer unless (1) I am certified, licensed, or otherwise qualified to provide such services, and (2) I have received express authorization from the Volunteer Coordinator and any pertinent Division or Department head to perform such services.

I hereby indicate my willingness to participate as a volunteer for the City of Mount Vernon, and I release the City, its agents and employees from any liability or obligation arising from or connected with my volunteer activities other than as stated above and to the extent permitted under applicable law. I hereby certify that I have read, understood and agreed to the above conditions. By submitting this form, I attest that the information I have provided on the form is true, accurate and complete, and that I agree with the above statements. The signature line below is for individuals applying to volunteer. Please note that for groups or minors additional signatures are required.

Printed Name:

Signature:

Date: