APPLICATION FOR VOLUNTEER SERVICES

City of Jonestown

Full Name (First, Last)	Date of Birth:	Email Address:	
Street Address:		City:	State, Zip
Preferred contact number:		Alternate number:	
Present Occupation/Employer		Requested assignment (if any)	

List any skills that may assist you in performing the duties of a volunteer (ie., landscaper, plumber, computers, etc.)	Availability (check all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Hours Available: From _____ Am Pm To _____ Am Pm

IMPORTANT – PLEASE READ CAREFULLY

I understand that all information submitted and considered is subject to verification.

I understand that if I am offered an opportunity to volunteer for the City of Jonestown, the offer will be conditioned upon the results of any required background checks.

The information supplied herein is true and correct, to the best of my knowledge.

Signature:_____   Date:_____

Parent Signature (needed for persons under 18) _____

Printed name and phone number of parent, if applicable:

_____

LIABILITY WAIVER

I, _____, do hereby agree to indemnify and hold harmless the City of Jonestown from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the City of Jonestown in consideration of my participation as a volunteer for the City of Jonestown.

_____   _____
Signature   Date

CONFIDENTIALITY STATEMENT

I realize that in my capacity as a Jonestown volunteer I may come in contact with confidential information. I do hereby agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

_____   _____
Signature   Date

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the City of Jonestown to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the City of Jonestown may utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the City's choice. I also understand that I may withhold my permission and that, in such a case, no investigation will be done, and my application will not be processed further.

Date of birth (required for background check) _____

_____   _____
Signature   Date