



VOLUNTEER SERVICES APPLICATION/JOB AGREEMENT

Applicant's Name: _____ Date of Birth: _____

Applicant's Address: _____ SS#: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Experience (Volunteer and Paid): _____

Education: _____

Special Skills and Interests: _____

Please list any limitations, ie., hearing loss, back problems, eyesight, lifting, etc., you would like us to consider in placement (will not exclude you from serving): _____

Name and Phone Number of Contact in the Event of an Emergency: _____

VOLUNTEER JOB AGREEMENT

As a volunteer:

1. I will complete assignments to the best of my ability. I understand that it is my responsibility to have my time recorded daily by my supervisor, and that at the conclusion of my volunteer service it is my responsibility to report the number of hours to the volunteer coordinator and, if applicable to the program that referred me to W.V.C. I understand that my service will not be credited unless I report the number of hours I have worked to these offices.
2. I will maintain the same confidentiality of information that is expected of paid employees. I agree to refrain from divulging to any unauthorized employee of any outside source any confidential information obtained while I am a volunteer at W.V.C. I realize that this is privileged information and is not to be shared with anyone other than a current employee of the City and then, only as necessary to carry out my assignment. I understand that I am obligated to report to my assigned Supervisor any information which may affect any records to the City.
3. I will observe all staff rules and policies, accept supervision and give my Department Volunteer Supervisor and the Volunteer Coordinator adequate notice before terminating my volunteer services.
4. I grant permission to W.V.C. to reproduce and publicize pictures and/or news articles pertaining to my services to, or interest in, the W.V.C Volunteer Services Program.
5. During such time as I am a volunteer, I agree to assume full responsibility for such participation and release the City from any damages or injury which I may sustain. However, I am still entitled to indemnification and representation if I am sued for actions performed as a volunteer, as provided in State law and City ordinances. Also, I understand that in the event I am injured while performing my assignments as a volunteer I am entitled to workers compensation but for medical benefits only.
6. I understand that the City has the right, should this job placement be inappropriate, to suggest alternative placement or terminate my volunteer services.

Volunteer's Signature Date

Parent or Guardian Signature (if under 18) Date

Supervisor or Dept. Volunteer Coordinator Date

Volunteer Services Offices Authorization Date