



CITY OF SELMA VOLUNTEER APPLICATION

Name (Last)		(First)	(Middle)
Address			
City		State	Zip Code
Daytime Phone		Evening Phone	
Best time to reach you			
Social Security #	Driver's License #	State	Expiration
Name of Auto Insurance Co.		Policy #	
Occupation		Presently Employed?	
Special Training/Education			
Emergency contact			
Relationship	Address	Phone #	
Languages spoken other than English			
Will you need special accommodations in order to perform your volunteer services?			
Have you done volunteer work before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where?			
Length of time you plan to volunteer: 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> summer only <input type="checkbox"/> ongoing <input type="checkbox"/> other <input type="checkbox"/>			
When are you available to do volunteer work? (check all that apply) Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Once a Week <input type="checkbox"/> Twice a Week <input type="checkbox"/>			
Number of hours per week you plan to volunteer 4 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 16 hours <input type="checkbox"/> 20 hours <input type="checkbox"/> Other <input type="checkbox"/>			
Hobbies or special interests:			
Why would you like to volunteer? Develop skills <input type="checkbox"/> use on resume <input type="checkbox"/> personal satisfaction <input type="checkbox"/> other <input type="checkbox"/>			
Continued on back page			

What Volunteer Position are you interested in? _____

Have you ever been convicted of any offense by any civilian or military court?
 Yes No

If yes, please note the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit any offense for which the fine was less than \$50. You may omit any misdemeanor that is over 5 years old. A criminal record is not necessarily a bar to volunteering. Felony convictions are cause for disqualification. Misdemeanors are evaluated on a case by case basis.

References:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I have been advised that City of Selma volunteers are required to abide by the rules that govern employees. I am willing to follow the City's employment rules with the understanding that the rules in no way authorize or establish any paid employment under this application. I understand that failure to abide by the rules may result in dismissal as a volunteer.

The Importance of confidentiality in conducting the City's business and activities has been explained to me. I understand that any breach of confidentiality, misrepresentation, or refusal to abide by all City of Selma rules and regulations will be automatic and immediate grounds for my dismissal from the volunteer staff.

It is agreed that should my volunteer assignments require it, a background investigation may be necessary and I hereby authorize that background investigation, if deemed necessary by the City. The City Volunteer Handbook will be provided to me in written form. I agree to read the rules and regulations in their entirety and to follow those rules and regulations in the course of my volunteer assignments.

I am the named insured and am personally covered by a valid policy of automobile insurance. I acknowledge and agree that in order to assume my volunteer assignments I must meet the following requirements:

- ◆ Must log my volunteer hours
- ◆ Must hold a current valid driver's license
- ◆ Must present proof of automobile insurance coverage to the City
- ◆ Must attend auto in-service training offered by the City

My failure to meet all of these requirements may result in my dismissal. I declare that at all times I will comply with the requirements listed in this paragraph.

I have not been offered a paid position with the City. My volunteer assignments are intended to assist and supplement the duties of the paid staff. My volunteer assignment does not take the place of or substitute for paid employees of the City. I do not expect, nor have I been lead to believe that I am eligible under this volunteer application to become a paid employee of the City. I understand that the City of Selma does not discriminate on the basis of race, creed, religion, color, national origin, sex, age, handicap, or political affiliation.

I agree that as a City of Selma volunteer, the City has no financial or legal liability for my actions and that financial and legal liability for my actions as a volunteer is solely my responsibility.

All the statements I have made herein are true and correct to the best of my knowledge.

Volunteer Signature _____ Date _____

Parent Signature (If under 18 years old) _____

