



VOLUNTEER APPLICATION

This is to request consideration as a volunteer worker for the City of Monroe. I understand the organization reserves the right to make reference checks and background checks as deemed appropriate for any new prospective volunteer.

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____
Street City State Zip Code

TELEPHONE NUMBERS: _____
Home Cell

SOCIAL SECURITY NUMBER: ____-____-____

EDUCATION:

Grade Level Completed: _____ Major Area of Training/Experience: _____

WORK EXPERIENCE: _____

SPECIAL QUALIFICATIONS/CERTIFICATES: _____

HOW MUCH TIME CAN YOU VOLUNTEER: _____ PREFERRED HOURS: _____

I WOULD LIKE TO BE CONSIDERED FOR AN ASSIGNMENT IN THE FOLLOWING AREAS:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Telephone Numbers: _____
Home Cell

DEPARTMENT NAME: _____

CERTIFICATION STATEMENTS:

I understand that the City of Monroe has no obligation to assign an individual to perform volunteer services, provide earnings or benefits solely on the basis of this application. I have read and fully understand the contents of this volunteer assignment as specified in the Policies and Procedures.

Volunteer's Signature

Date

Department Head's Signature

Date

Human Resources Director's Signature

Date

WAIVER AND RELEASE:

In consideration of my acceptance as a volunteer, I hereby, for myself, my heirs, and anyone entitled to act on my behalf, release and discharge the City of Monroe, its officers and employees, from any and all claims of damages, loss, injury, or liabilities of any kind suffered by me as a result of my participation. I assume all risks associated with participating as a volunteer, including but not limited to personal injury and damage to personal property.

The City conducts a criminal history check. I do hereby consent to the City's use of any information provided during the application process in performing the criminal history check.

Signature

Date