# Volunteer Application


Karen Wittmer

Program Coordinator for Volunteers

City of Hamilton

Economic Development Team

One High Street

Hamilton, OH  45011

Phone:  513-844-8050


The City of Hamilton

BUTLER COUNTY OHIO

**The City of Hamilton**
BUTLER COUNTY OHIO

## Contact Information

| | |
|---|---|
| **Name** | |
| **Street Address** | |
| **City ST ZIP Code** | |
| **Home Phone** | **Work:** **Cell:** |
| **E-Mail Address** | |
| **Date of Birth** | |

## Availability

During which hours are you available for volunteer assignments?

| | |
|---|---|
| ____ Weekday mornings | ____ **Weekend mornings** |
| ____ Weekday afternoons | ____ **Weekend afternoons** |
| ____ Weekday evenings | ____ **Weekend evenings** |
| | |

## Interests

Tell us in which areas you are interested in volunteering:

| | |
|---|---|
| ____ Administration | |
| ____ Events | |
| ____ Field work | |
| ____ Parks | |
| ____ Deliveries | |
| ____ Phone bank | |
| ____ **Newsletter production** | |
| | |

## References

List two references, not related to you, who are familiar with your volunteer experiences:

## Special Skills or Qualificat

Summarize special skills and
volunteer work, or through oth

## Previous Volunteer Experi

Summarize your previous volu

## Student Information

Let us know in this section if yo
your service.

## Person to Notify in Case o

| | |
|---|---|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

## Agreement and Signature

By submitting this application,
derstand that if I am accepted
resentations made by me on th

| | |
|---|---|
| Name (printed) | |
| Signature | |
| Date | |

## Our Policy

It is the policy of The City of Ha
race, color, religion, national o

Thank you for completing this

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Student Information

Let us know in this section if you are a student and if you need documentation of your service.

## Person to Notify in Case of Emergency

| | |
|---|---|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|---|---|
| Name (printed) | |
| Signature | |
| Date | |

## Our Policy

It is the policy of The City of Hamilton, Ohio to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us!

**CITY OF HAMILTON AUTHORIZATION TO RELEASE INFORMATION**

Volunteer Name_____

Street Address_____

City/State/Zip_____

Home Phone_____

Work Phone_____

Social Security Number _____

Driver's License Number_____

Birth Date_____

I hereby authorize the City of Hamilton to perform a police background check. I understand this investigation is necessary in arriving at a decision regarding my assignment as a volunteer.

_____ _____

Signature of Applicant Date

**VOLUNTEER CONTRACT**

**STATEMENT OF AGREEMENT:**

I, (print name) , _____agree to perform the volunteer duties as specified in the job description to the best of my ability and in a professional manner. This contract shall remain in effect until terminated as provided herein. If problems arise, such as scheduling, I will notify my supervisor as soon as possible.

**CONFIDENTIALITY:**

I agree to maintain the same strict confidentiality regarding my duties that is expected of the paid staff.

**RELEASE AND INDEMNITY:**

In consideration of the following insurance protection, a volunteer, authorized by the Program Coordinator for Volunteer's Office, shall be deemed an agent of the City of Hamilton, only for the purpose of:

Excess medical benefits for any injury sustained by him/her while engaged in the performance of a volunteer activity approved by the Program Coordinator for Volunteers Office of the City of Hamilton;
Properly licensed and approved operation of City vehicles or equipment;
Liability protection normally afforded paid employees.

The undersigned volunteer hereby releases and indemnifies the City of Hamilton, its agents and employees, from any other liability or obligation arising from, or in connection with the undersigned's volunteer activities with the City of Hamilton This agreement may be terminated by either party upon written notification to the other. The release provisions of this contract shall survive its termination.

_____ _____

Club/Organization Name (If applicable) Signature of Volunteer Date

_____ _____

Program Coordinator of Volunteers Date Parent/Guardian if Minor Date