



City of Lancaster Volunteer Application



APPLICANT INFORMATION			
Name (First, Middle, Last)		Maiden Name	Alias Names
Address		Apt. #	Male Female
City		State	Zip
Home Phone	Work Phone		Cell Phone
Email Address			
Previous Address 1		City/County/State	Dates of Occupancy
Previous Address 2		City/County/State	Dates of Occupancy
Date of Birth	Social Security #	Driver's License #	State

SKILLS/EXPERIENCE	
Employment Experience _____	Education Level <input type="checkbox"/> High School Student <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> College Student <input type="checkbox"/> College Degree
Volunteer Availability (check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays	Languages Spoken (check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Skills and Interests (check all that apply)	
<input type="checkbox"/> Typing/Word Processing <input type="checkbox"/> Administrative Tasks <input type="checkbox"/> Children's Programs <input type="checkbox"/> Data Processing/Spreadsheets <input type="checkbox"/> Customer Service <input type="checkbox"/> Senior Programs <input type="checkbox"/> Research <input type="checkbox"/> Planting/Gardening <input type="checkbox"/> Animal Services <input type="checkbox"/> Filing/Sorting Materials <input type="checkbox"/> General Outdoor Projects <input type="checkbox"/> Special Events <input type="checkbox"/> Answering Phones <input type="checkbox"/> Clean Up/Park Beautification <input type="checkbox"/> Other _____	

WAIVER/RELEASE OF INFORMATION	
I, _____, do understand and agree to the following:	
1) I am not entitled to compensation for performance of my duties as a volunteer, nor any employee benefits, nor am I covered by any workers' compensation. My liability coverage only covers official volunteer duties. 2) The offer of volunteer employment and consideration of continued volunteer employment is contingent upon acceptable review of information including but not limited to consumer credit history, criminal conviction history, driving record and other such reports that may exhibit information on my work habits, performance, education and experience, along with reason for termination of employment from previous employers where such information exists. 3) I knowingly and voluntarily authorize and consent to allow the City of Lancaster to request information from various Federal, State and other such agencies which maintain records concerning and relating to records that may contain my driving history, criminal history, credit history, civil history and other experiences. I hereby authorize without reservation any party or agency contacted by the City of Lancaster, as a condition of volunteer employment, to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in its original, faxed or copy form. 4) I hereby agree to indemnify, defend and hold harmless the City of Lancaster, including its agents, employees or representatives, from any and all claims or causes of action, including any claims or causes of action resulting from the negligence or liability of the City of Lancaster, including its agents, employees or representatives, including, but not limited to, property damage, bodily injury or death arising out of or in any way connected to my participation in the City of Lancaster Volunteer Program. 5) I knowingly and voluntarily authorize and consent to allow the City of Lancaster to utilize my image or likeness for promotional purposes, both electronically and in print. 6) I certify that all information I have provided is true and correct.	
Applicant Signature: _____	Date: _____
Parent/guardian must authorize permission for background check on minor.	
Parent/Guardian Signature: _____	Date: _____