



## VOLUNTEER APPLICATION

### GENERAL INFORMATION

NAME		DATE	
ADDRESS	CITY		ZIP CODE
EMAIL	HOME PHONE	CELL PHONE	
DO YOU HAVE TRANSPORTATION TO AND FROM YOUR VOLUNTEER ASSIGNMENT? <b>YES NO</b>			
HOW DID YOU HEAR ABOUT THE MIAMISBURG VOLUNTEER PROGRAM?			
*DRIVERS LICENSE OR OHIO ID #	*SOCIAL SECURITY #		*DATE OF BIRTH

*\*FOR FINGERPRINTING PURPOSES AND/OR CRIMINAL RECORDS CHECK*

### EMERGENCY CONTACT INFORMATION (PLEASE PROVIDE 2 CONTACTS IN CASE OF EMERGENCY)

NAME, RELATIONSHIP	DAYTIME PHONE	EVENING PHONE
NAME, RELATIONSHIP	DAYTIME PHONE	EVENING PHONE

### EDUCATION & TRAINING

HIGH SCHOOL GRADUATE? <b>YES NO</b>	COLLEGE GRADUATE? <b>YES NO</b>
HIGH SCHOOL NAME, LOCATION	COLLEGE OR UNIVERSITY NAME, LOCATION
DEGREE OR MAJOR	
SPECIAL TRAINING, LICENSES, OR CERTIFICATES	

### WORK EXPERIENCE

CURRENTLY EMPLOYED? <b>YES NO</b>	HAVE YOU EVER BEEN DISCHARGED FROM A POSITION? <b>YES NO</b>
NAME OF EMPLOYER	JOB TITLE

### REFERENCES (PLEASE LIST 2 REFERENCES, OTHER THAN RELATIVES)

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

### VOLUNTEER EXPERIENCE (PRESENT OR PREVIOUS EXPERIENCE)

DATES	ORGANIZATION	RESPONSIBILITIES
DATES	ORGANIZATION	RESPONSIBILITIES

**RETURN COMPLETED APPLICATION TO MIAMISBURG PARKS AND RECREATION  
10 N. FIRST STREET • MIAMISBURG, OH 45342 • (937) 866-4532**



**AVAILABILITY (PLEASE LIST TIMES YOU ARE AVAILABLE TO VOLUNTEER EACH DAY)**

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY
HOW OFTEN WOULD YOU LIKE TO VOLUNTEER (MONTHLY, WEEKLY, DAILY, EVENTS ONLY, ETC.)?

**INTERESTS & SPECIAL SKILLS (CHECK THE SKILLS OR AREAS OF INTEREST YOU HAVE)**

<input type="checkbox"/> COMMUNITY EVENTS	<input type="checkbox"/> CRAFTS
<input type="checkbox"/> VOLUNTEER RECRUITMENT	<input type="checkbox"/> PHOTOGRAPHY
<b>OFFICE SUPPORT</b>	<input type="checkbox"/> PARKS AND FACILITIES PROJECT SUPPORT
<input type="checkbox"/> RECEPTIONIST	<input type="checkbox"/> RECREATION PROGRAM SUPPORT
<input type="checkbox"/> PHOTOCOPYING	<input type="checkbox"/> SPORTS/RECREATIONAL ACTIVITIES
<input type="checkbox"/> FILING	<input type="checkbox"/> SHOPPING
<input type="checkbox"/> TELEPHONING	<input type="checkbox"/> SENIOR CENTER ACTIVITIES
<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> GOLF SUPPORT
<input type="checkbox"/> MASS MAILINGS	<input type="checkbox"/> FACILITY HOST
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> TAX DEPARTMENT
<input type="checkbox"/> RESEARCH	<input type="checkbox"/> OTHER: _____

**HOW DID YOU LEARN ABOUT THIS PROGRAM?**

<input type="checkbox"/> CIVIC FOCUS	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> WORD OF MOUTH
<input type="checkbox"/> VOLUNTEER SHOWCASE	<input type="checkbox"/> OTHER: _____		

*I certify that all statements I have made on this application and on other supplementary material are true and correct. I hereby authorize the City of Miamisburg to investigate the accuracy of this information. I am aware that fingerprinting and/or a criminal records check may be required before placement in some positions. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. The City of Miamisburg reserves the right to terminate a volunteer's services at any time.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS A MINOR) \_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

NOTES	
INTERVIEWED BY	DATE
DEPARTMENT PLACEMENT/ASSIGNMENT	SUPERVISOR SIGNATURE



**RELEASE FOR VOLUNTARY SERVICES**

I, \_\_\_\_\_, wish to participate as a volunteer for the City of Miamisburg, I acknowledge that I have voluntarily applied to participate as a volunteer, and I am not entitled to the City of Miamisburg benefits, including but not limited to, compensation, retirement, health benefits, pension plans, unemployment compensation, or workers' compensation. I understand that there may be certain risks associated with my volunteering and I agree to assume all risks associated with my participation as a volunteer.

I realize that I could be injured while volunteering from someone's negligence or carelessness, for dangerous or defective equipment or property owned, maintained or controlled by the City of Miamisburg; or from my traveling to and from my volunteer activities. In consideration of my application and permitting me to participate in this event, I do hereby waive, release and discharge the City of Miamisburg, its employees or other volunteers, from any and all claims of whatever kind, which may directly or indirectly arise out of or in connection with my participation as a volunteer. I hereby agree to accept any and all risk of personal injury, illness, death or property damage, and verify this statement by placing my signature below.

I further acknowledge that if I am injured while volunteering, emergency medical treatment may be required. I agree to release the City of Miamisburg from all liability. I further consent to receive medical treatment which may be deemed advisable, and release and discharge the City of Miamisburg from all liability whatsoever that may arise on account of any first aid or medical treatment rendered to me in connection with my participation as a volunteer or the failure on the part of any representative of the City of Miamisburg to provide medical care.

I understand that in connection with my participation as a volunteer, I may be photographed, recorded or videotaped. I agree to allow my photograph, video or film likeness to be used for any legitimate purpose by the City of Miamisburg and/or its assigns, and I waive any right, title and interest in any royalties, proceeds, or other benefits derived from such photographs or recordings.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable laws. I acknowledge that this Release form will be used by the City of Miamisburg in the event I pursue any claim against the City of Miamisburg, its employees or volunteers. I further agree that in the event that any clause or provision of this Release is held to be invalid by any court, it shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

I hereby certify that I have carefully read this document and I fully understand its content. I am aware that this is a release of liability and a legal contract and that it affects my legal rights. I am signing this document of my own free will.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS A MINOR)

\_\_\_\_\_  
DATE