

EMPLOYMENT RECORD

List your current or most recent experience.

From:	EMPLOYER	POSITION/TITLE	Hours per week
To:			
Name of Supervisor	Address	City	State Zip

Duties: _____

May we contact your current employer? Yes _____ No _____

REFERENCES

Name:

Phone:

1. _____
2. _____

VOLUNTEER'S ACKNOWLEDGEMENT

1. I am a volunteer donating my time, services, and energies to the City.
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of the City except for coverage under the City's Workers Compensation Plan for any injury sustained in the course of performing these services.
3. I, hereby, release the City, its officers, agents, and employees from any and all liability, claims, cause of action, or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to the City, except as otherwise provided under Workers Compensation law, and agree to indemnify and hold harmless the City for such liability, claim, cause of action or actions.
4. I, further, state that I have carefully read the foregoing release and indemnity agreement and know the contents thereof, and sign this instrument as my own free accord.

Volunteer's Signature _____ Date _____

In case of emergency, contact:

Name: _____ Relationship: _____

Address: _____ Work Phone: _____ Home Phone: _____

PARENTAL CONSENT

(If under 18 years of age)

I have reviewed the volunteer application and registration forms and give my consent for _____ to participate in the volunteer program, subject to the terms and conditions set forth.

Parent/Guardian Signature _____ Date _____