



Application for Volunteer Service



Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

If you wish to serve as a **Group Representative**, please list the organization's contact info:

Organization: _____ Approx. Number of Members: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email: _____ Website: _____

Are you presently a student? YES NO School: _____

Do you need documentation of volunteer service performed? YES NO

Please list **previous volunteer experience** (include name of organization and approximate date of service):

1. _____

2. _____

Day and time of week presently available to volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Area of interest? _____

References: If applicable, please list current **Employer** and length of employment:

_____ Phone: _____

Please list two additional **references**, not related to you, who are familiar your past volunteer experience.

1. _____

2. _____

Emergency contact: _____

Phone Home: _____ Cell: _____ Work: _____

CITY OF FAIRFIELD VEHICLE INFORMATION

The following additional information is requested for driving privileges of City vehicles:

Driver License Number _____

Birth Date _____

Do you have auto liability insurance? YES NO

Auto insurance company and agent: _____

NOTICE OF BACKGROUND CHECK

All volunteers are subject to a background check. A Background Authorization form will be forwarded to you along with instructions after a mutual interest has been established.

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.

CONFIDENTIALITY:

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

RELEASE AND INDEMNITY:

In consideration of the following insurance protection, a volunteer authorized by the City of Fairfield shall be deemed an agent of the City of Fairfield, only for the purpose of:

- Excess medical benefits for any injury sustained while engaged in the performance of an approved volunteer activity.
- 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 Fairfield, 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 Fairfield. This agreement may be terminated by either party upon written notification to the other. The release provisions of this contract shall survive its termination.

Signature of Volunteer

Date

Print & Sign Name of Parent/Guardian if Minor

Date