



# 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 (circle one)

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 one additional **reference**, not related to you, who are familiar your past volunteer experience.

1. \_\_\_\_\_

Any medical concerns that the City should be aware of? \_\_\_\_\_

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 (circle one)

Auto insurance company and agent: \_\_\_\_\_

**AGREE TO BACKGROUND CHECK**

**\*\*All volunteers are subject to a background check. A Background Authorization form will be forwarded to you, along with instructions, upon receipt of this application. By signing the Volunteer Statement of Agreement below, you authorize the City of Fairfield to process a background check. \*\***

**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