



Town of
Apple Valley

VOLUNTEER APPLICATION

<i>Name (last, first, middle)</i>				<i>Title (circle one)</i> Mr. Miss Mrs. Ms.			
<i>Street Address</i>		<i>City</i>		<i>State</i>		<i>Zip Code</i>	
				<i>Telephone</i>			
				Home:			
				Cell:			
Email:				Work:			
<i>If currently employed, job title and employer name and address</i>							
<i>Why do you want to be a Town of Apple Valley volunteer?</i>							
<i>Other Volunteer Experience</i>							
				<i>Organization</i>			
				<i>Date</i>			
Org Name:							
Duties:							
Org Name:							
Duties:							
<i>Professional, technical and specialized training</i>							
				<i>Employer – School - Trade School, Etc.</i>			
				<i>Date</i>			
<i>Please list any special accommodations needed in training or volunteer activities.</i>							
<i>Check all times that you are available:</i>							
<input type="checkbox"/> Weekdays		<input type="checkbox"/> Weekends		<input type="checkbox"/> Mornings		<input type="checkbox"/> Afternoons	
						<input type="checkbox"/> Special Events	
I declare under penalty of perjury that all statements on this application are true and complete to the best of my knowledge. <u>I understand that false, misleading or incomplete information shall be cause for disqualification.</u>							
<i>Signature of Volunteer:</i>						<i>Date:</i>	



VOLUNTEER AGREEMENT

The undersigned, _____, acting as a volunteer, and the Town of Apple Valley, which is willing to accept the volunteer for a period of time and subject to certain conditions, agree that the following terms and conditions shall be applicable to said working relationship, in addition to such other programs, policies and provisions as have been established by or agreed to by the Town:

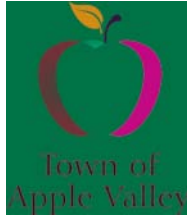
1. The volunteer will act under the direction of an appointed supervisor of the Town.
2. In connection with any work performed by the volunteer, the volunteer will abide by all applicable personnel policies and procedures of the Town, including maintaining confidentiality of documents, files and information.
3. It is anticipated that the volunteer will work with and perform services for the Town during the following period: _____; provided, however, this will be considered an "at will" service, and is subject to being terminated by the Town at any time, whether with or without cause.
4. The undersigned certifies and attests that he/she has executed this Volunteer Agreement of his or her own free will and that the volunteer is not acting as an employee and therefore is not entitled to Worker's Compensation if injured during this program. The volunteer agrees that all work performed will be without compensation or employee benefits and executes this Agreement with that knowledge.
5. Animal behavior is unpredictable, and the Town of Apple Valley cannot foresee every potential danger. Working around animals entails the inherent risk of bite, injury or illness. In consideration of the above conditions, volunteer does hereby for himself/herself, his or her children, heirs, executors and assigns, release the Town of Apple Valley and the officials, officers, agents and employees of the Town from liability for any harm, injury, or damage which the volunteer may suffer while participating in Animal Control and Shelter operations, including injury from injured, infected or healthy animals of every type. Further, volunteer certifies that he or she is covered by medical insurance adequate to provide for any injury that might arise.
6. To the extent permitted by law, it is specifically agreed that the volunteer waives any rights or claims for damage or injury against the Town, its officers, agents and employees, in connection with all services offered by the volunteer employee to the Town, and in connection with or relating to the performance thereof.
7. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT BY READING IT BEFORE I SIGNED IT. I REALIZE THAT IN SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MIGHT OTHERWISE BE ENTITLED.

Date: _____
Town of Apple Valley

Date: _____
Volunteer

Printed Name

Signature



DISCLOSURE AUTHORIZATION AND RELEASE

To Whom It May Concern:

I understand and acknowledge that the Town of Apple Valley is conducting a background investigation regarding me in connection with my volunteer application. I further understand that this background investigation may include previous employment, financial, vehicle, criminal and personal information.

I agree to cooperate and to be fingerprinted by the Apple Valley Police Department before commencing volunteer activities for the Town of Apple Valley. I further agree to truthfully answer all questions asked of me, verbally or in writing, during the fingerprinting process.

I hereby authorize any federal, state or local law enforcement agency to furnish the Town of Apple Valley or its representatives any and all information available regarding my identity and my arrest and conviction record, if any, subject to the restrictions of federal, state and local legislation.

I hereby authorize and request any current or former employer, or any other persons having personal knowledge about me, to furnish the Town of Apple Valley with any and all information in their possession regarding me in connection with my volunteer application. This information may be provided verbally or in writing.

In addition to authorizing the release of the above stated information, I hereby fully waive any and all rights to bring a lawsuit or claim or to collect damages, and further release, indemnify and hold harmless the Town of Apple Valley, its agents, employees and representatives, former educational institutions or any person listed as a reference or any person known to have personal knowledge of me, from any and all liability claim, or damages that may directly or indirectly result from the use disclosure or release of such information is favorable or unfavorable to me.

I agree that a photocopy of this authorization be accepted with the same authority as the original, even though the said photocopy does not contain an original writing of my signature.

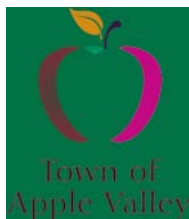
Printed Name: _____

Social Security Number: _____

Former Names Used: _____

Applicant Signature: _____

Date: _____



TOWN OF APPLE VALLEY

Volunteer Participant Release of Liability

I am a participant in the Town of Apple Valley Volunteer Program. Performance of my volunteer duties may require the use of personal automobile. I certify that I have a current automobile policy that provides liability and medical coverage in the event of an accident. I further understand that the Town of Apple Valley does not provide additional insurance for this purpose and in the event of an accident will not provide liability, medical, collision, comprehensive or any other insurance coverage for the accident. Therefore, I understand that my personal automobile insurance is the primary and exclusive insurance remedy for this purpose.

I do hereby, for myself, my children, my heirs, executors and assigns, release the Town of Apple Valley and officials, officers, agents and employees of the Town from liability for any harm, injury, or damage which I may suffer while driving, operating, moving or parked in my vehicle in the performance of my volunteer duties. This includes all risks that are connected with this activity whether foreseen or unforeseen. Further, I certify that I have automobile liability coverage that covers me in any vehicle I drive and I am covered by medical insurance adequate to provide for any injury that might arise.

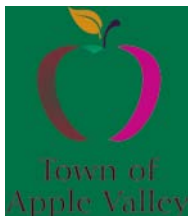
I am of lawful age and legally competent to sign this Agreement. I understand the terms and have signed the document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.

Signature: _____

Date: _____

Witness: _____



Apple Valley Volunteer Corps Emergency Contact Information

Emergency situations may arise during the workday where a relative or friend needs to be contacted. Please provide Municipal Services with the name of an individual you would like us to contact in case of an emergency.

VOLUNTEER NAME: _____

FIRST CONTACT

Name: _____

Address: _____

Telephone: _____

SECOND CONTACT

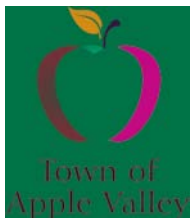
Name: _____

Address: _____

Telephone: _____

SIGNATURE: _____

DATE _____



TOWN OF APPLE VALLEY VOLUNTEER REFERENCES

Please list three references (may include former employers):

Name: _____

Address: _____

Business/Occupation: _____

Relationship: _____

Telephone#: _____ Years Known: _____

Name: _____

Address: _____

Business/Occupation: _____

Relationship: _____

Telephone#: _____ Years Known: _____

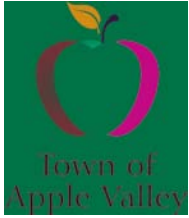
Name: _____

Address: _____

Business/Occupation: _____

Relationship: _____

Telephone #: _____ Years Known: _____



Volunteer Interest Checklist

Applicant Name: _____

Please check the group(s) you are most interested in working with:

Adults Elderly General Public
 Children Mentally challenged Other (identify)
 Youth Physically disabled _____

Please check the type of place where you think you would like to volunteer your time:

Office Work

Animal Services
 Town Clerk's Office
 Code Enforcement
 Finance
 Public Information
 Receptionist
 Economic Development
 Housing
 Recreation
 Planning
 Information Technology

Field Work

Animal Services
 Booths/Games
 Building and Safety
 Code Enforcement
 Public Works
 Parks
 Events

Please check the kind of activity you are most interested in:

Accounting Fund raising
 Administration Photography
 Committee work Public Information
 Crafts Receptionist
 Data entry Record management
 Driving Telephone work
 Other _____

Are you available to receive training in any of these areas? __Yes__ No

Approximately how much time do you feel you could volunteer? _____Hrs./week

Availability:

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Hours:

Would you be willing to serve in time of a disaster? __Yes__ No