



CENTERVILLE CITY VOLUNTEER APPLICATION FORM

VOLUNTEER APPLICANT INFORMATION

I would like to provide volunteer services for Centerville City. The following information is provided to the City for review and consideration of my application for volunteer services.

Last Name	First Name	Middle Initial
Address	City	State/Zip
Home Phone	Cell Phone	Work Phone
Email	Date of Birth	
Emergency Contact	Phone	

For what volunteer services or event would you like to be considered:

What dates or time frame would you like to volunteer:

References:

VOLUNTEER CODE OF CONDUCT

As a volunteer for Centerville City, I will perform only those duties and tasks assigned to me and within my physical capability or ability. I understand I am not authorized and hereby agree not to operate or use any equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, or that I have not received specific authorization to use. I understand I am not authorized to operate a motor vehicle as part of my volunteer services for the City, unless specifically authorized in writing by the City. I shall observe all safety rules and use provided safety equipment in the performance of my assigned tasks. I agree to notify my supervisor of any injury incurred while performing volunteer services. I will treat everyone with respect, patience, integrity, courtesy and dignity. I will not use profanity, or make any discriminatory or degrading comments. I agree to return all City equipment, keys, books, records and property to the City at the end of my volunteer services.

VOLUNTEER CONSENT AND ACKNOWLEDGMENT

I understand that my volunteer services may include dealing with or interacting with the public, including minors, and may include the collection or handling of public funds. In connection with and as consideration of volunteering for Centerville City, I hereby authorize and give Centerville City permission to conduct an initial criminal background check on me and any periodic background checks during my volunteer service, which may include a review of criminal history records, sex offender registries, and law enforcement records, to ascertain any and all information which may be pertinent to my volunteer qualifications. If authorized to operate a motor vehicle as part of my volunteer services for the City, I further authorize the City to conduct an initial driver’s license check and periodic driver’s license checks during my volunteer service. I understand that approval for volunteer service is conditioned upon favorable background information as determined by Centerville City and that the City reserves the right to terminate my volunteer status at any time. I understand that volunteer service is provided to Centerville City without anticipation of compensation of any kind or consideration of future employment. As a volunteer, I agree to be subject to and to comply with the policies and procedures of Centerville City. A background check or driver’s license check is not required if a satisfactory check has been conducted on me by the City for similar purposes in the past 12 months.

Social Security Number (If background check required)	Driver’s License Number (If authorized to operate vehicle)
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VOLUNTEER RELEASE AND CERTIFICATION

I understand that in order to be covered by the protections of the Utah Volunteer Government Workers Act, my volunteer services must be specifically approved by the City and that I must only perform such approved duties and tasks. I hereby hold harmless and release Centerville City and its officers, employees, volunteers, and representatives, from liability from any damages or injuries resulting from or arising out of the performance of my volunteer services. I hereby certify that the information provided by me on this form is true and complete and that I have read the information set forth herein and agree to be bound by the terms and conditions of volunteer service for the City. I further acknowledge that I am 18 years of age or older.

_____	_____
Applicant Signature	Date

CITY REVIEW AND AUTHORIZATION – FOR CITY USE ONLY

In accordance with applicable provisions of the Utah Volunteer Government Worker Act, I have reviewed and hereby authorize this application for volunteer services to be performed for Centerville City for the following purposes and dates or time frame:

Authorized Volunteer Position/Services:	Background Check Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Authorized Dates or Time Frame for Services:	Driver’s License Check: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

_____	_____
City Manager	Date