

VOLUNTEER APPLICATION AND AGREEMENT

Volunteer Position Applying For: _____

Date: _____

Applicant Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____ Are you over 18 years old? ___ Yes ___ No

Emergency Contact Name: _____ Phone: _____

Are you currently a student? ___ No

___ Yes (circle one) ___ Middle School ___ High School ___ College

School Name: _____

Have you ever been convicted of a crime? ___ No ___ Yes

If yes, please explain the nature of the crime and the date of the conviction and disposition.
Conviction of a crime is not an automatic disqualification for volunteer work.

Please list two people who know you well and can attest to your character, skills and dependability.

| | <u>Name</u> | <u>Phone Number & Email Address</u> | <u>Relationship</u> |
|----|-------------|---|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

When are you available to volunteer? (Please check all that apply)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday
___ a.m. ___ p.m. Exceptions _____

Frequency of volunteer availability (please check all that apply):

___ Daily ___ Twice per week ___ Three times per week ___ Weekly ___ Monthly ___ On-call

Reason for volunteering (check all that apply):

___ Contribute to the community ___ Enhance college application ___ Enhance Resume
___ Renew job skills ___ Learn new skills ___ School requirement (___ hours per _____)

All Volunteers Must Complete This Section

VOLUNTEER AGREEMENT

I, _____, choose to provide my services to Oro Loma Sanitary District (District) as a volunteer, and I understand that my services are donated to the District without contemplation of compensation or future employment. I understand that I am covered under the District's workers' compensation insurance in the event of an injury from rendering a volunteer service, and I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by the District.

Signature of Participant: _____ Date: _____