**City of Augusta Volunteer Application**

|  |  |
| --- | --- |
| **Contact Information** | |
| Name |  |
| Address |  |
| Home Phone | Alternate Phone |
| E-Mail Address |  |

**Availability**

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings Weekday afternoons Weekend afternoons Weekday evenings Weekend evenings

**Interests**

Please tell us in which areas you are interested in volunteering, and why you would like to volunteer.

**Special Skills or Qualifications**

Summarize relevant special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |  |  |
| --- | --- | --- |
| **References** |  | |
| Name:  Name: | Phone:  Phone: | Relationship:  Relationship: |

Are you at least 18 years of age? YES NO If no, the signature of a guardian is required, below.

Do you have any training/certification in First Aid? YES NO

Do you have any training/certification in CPR? YES NO

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

YES NO

If yes, please explain:

|  |  |
| --- | --- |
| **Person to Notify in Case of Emergency** | |
| Name & Relationship |  |
| Address |  |
| Home Phone | Alternate Phone |

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize the City of Augusta to collect personal information appropriate to the position and verify references provided above. I authorize the City to obtain a criminal reference check and understand that information is kept confidential and only shared with relevant City of Augusta employees in order to process my volunteer application. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my m no longer being allowed to volunteer with City programs. In addition, I acknowledge that I understand that as a volunteer for the City that I will not be paid for my services and that I am ineligible for City- provided benefits programs. In the case of an emergency, I give permission for the City to seek medical assistance on my behalf.

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| --- | --- | --- | --- | --- | --- |
| Full Legal Name (printed) | First |  | Middle |  | Last |
| Signature |  | | | | |
| Signature of guardian (if under 18) |  | | | | |
| Date |  | | | | |
| Driver’s License # | Date of Birth | / |  | / | |

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

# Thank you for completing this application form and for your interest in volunteering

# With the City of Augusta