



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.

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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.

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References

Name:	Phone:	Relationship:
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Name:	Phone:	Relationship:
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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 ☐

Do you use illegal drugs? YES ☐ NO ☐

Have you ever been convicted of a crime? YES ☐ NO ☐

If Yes, please explain:

Have you ever been charged with child neglect or abuse? 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 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.

Name (printed)	
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.