



The City of Henderson Volunteer Services Application

Name: Last First Middle	Social Security Number	Date of Birth (required for background)
Street Address, City, State and Zip Code	Home Phone	Work Phone
E-mail Address		

Emergency Contact

Name	Relationship	Phone Number
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Have you ever been arrested or convicted of any crime? _____ Yes _____ No

If yes, please explain _____

Volunteer Experience and Availability

Date	Organization	Responsibilities

Please indicate how often you are available to volunteer:

Once a week Twice a week

Daily Other

		TIME AVAILABLE						
		Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
A.M.								
P.M.								

How did you hear about the Volunteer Program? _____

Skills and Areas of Interest

A specific program/or location in which I am interested: _____

My volunteer interests with the City of Henderson are (please check 1st and 2nd choices):

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth Program | <input type="checkbox"/> Senior Services | <input type="checkbox"/> One-time Assignment |
| <input type="checkbox"/> Youth Sports Program | <input type="checkbox"/> Administrative Setting | <input type="checkbox"/> Cultural Events |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Bird Preserve | <input type="checkbox"/> Inclusion Services (working with persons with disabilities). |
| <input type="checkbox"/> Election Services | <input type="checkbox"/> Public Safety Programs | |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Convention & Visitor Services | |

I am interested in volunteering with charitable organizations (e.g., Salvation Army, Boys & Girls Club, ect.)

Name of Current Employer or School	Highest Grade Completed
Degree(s)	Special Training/Licences
Languages	

PLEASE COMPLETE BOTH SIDES OF APPLICATION

As a volunteer for the City of Henderson I agree to:

- Observe the policies and procedures of the City and Departments.
- Participate in initial training as well as any additional training.
- Notify immediate supervisor when sick and/or unable to volunteer.
- Perform duties as outlined by the volunteer coordinator.
- Dress in business attire suitable to the assigned tasks.
- Provide adequate notice before terminating my volunteer commitment.

Please initial to indicate you have read the above_____

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be cancelled at any time by either myself or the City of Henderson.

Informed Consent and Release

I, _____, offer to volunteer my services to the City of Henderson. I realize that I will not be paid in any way. I understand that the Department and/or I can cancel this agreement at any time.

I release the City of Henderson, its employees, agents, leaders, instructors, contractors, and volunteers from any liability for loss or injury to my person or property which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer service.

I realize that this release is a binding contract. I have read and understand this release. I knowingly and voluntarily sign below.

The City may use my photograph for any official Department publications and/or productions.

Volunteer Signature_____ **Date**_____

Signature of Parent/Guardian if volunteer is a minor_____

CONDITIONS

I fully understand, acknowledge and agree to the following conditions: The City of Henderson reserves the right to make the final decision on placement of volunteers. Standard background checks, in accordance with City policy, may be conducted on applicants.

All statements made in this application are true and authorization is given to investigate all matters contained in this application. I authorize the City of Henderson to receive any criminal history information that may be contained in the files of any national, state or local criminal justice agency. Any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that the volunteer program does not qualify me for paid employment with the City of Henderson.

Volunteer Signature_____ **Date**_____
