

Town of Kernersville

Volunteer Agreement Form

Thank you for volunteering with the Town of Kernersville. Your service is very much appreciated and will have a positive impact on this community. Volunteers make it possible for the Town of Kernersville to provide a higher level of service and promote the well-being and quality of life for all citizens. Congratulations for your contribution.

Volunteer Name: _____

Volunteer Position accepted _____

I have reviewed the attached position/project description and I agree to fulfill the duties and responsibilities as described.

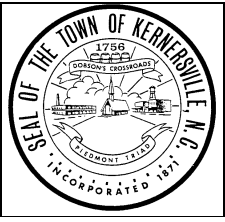
I verify all the information on the attached application is correct.

Signed

Date

Emergency Notification Information

Name	First	Last	Relationship
Phone	(Home)	(Work)	



Town of Kernersville

Volunteer Application Form

Volunteers under the age of 16 must be accompanied by an adult

Date: _____ Name: _____
First MI Last

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ Email: _____

Are you over 18 years of age? Yes No

Medical Conditions we should be aware of (allergies to Bee Stings): _____

Position you are applying for _____ Location where you will be volunteering? _____

When are you available? (Check all that apply) Weekdays Evenings Weekends AM PM

Reason for Volunteering: _____

Education: (Highest Level Completed) _____ Occupation: _____

Hobbies, Interests, Skills: _____

Population you want to work with? (Check all that apply) Adults Seniors Teens Youth Preschool

Are you bilingual? Yes No If yes what languages? _____

Have you ever worked for the Town of Kernersville? Yes No
 If yes, where did you work? _____

Do you have any relatives who work for the Town of Kernersville? Yes No
 If yes, what is their name? _____

In the past 5 years, have you been convicted of a misdemeanor? Yes No
 If yes, give details _____

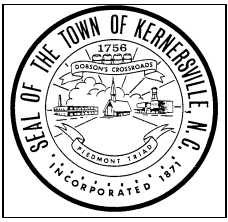
Have you ever been convicted of a felony? Yes No
 If yes, give details _____

Indicate any pending charges against you by checking: None Misdemeanor Felony

A criminal record may disqualify someone from volunteering if the record is relevant to the volunteer work to be performed.

List two personal references: Name _____ Phone _____

Name _____ Phone _____



Town of Kernersville

Volunteer Waiver and Release

I understand that I will be providing my services without compensation and will not be considered an employee of the Town of Kernersville and am not entitled to any benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.

I also understand I am solely responsible for my health and safety, and acknowledge I am physically capable of participating in this volunteer service. I am aware of the risks and dangers inherent in participating in this volunteer service and may cease my participation in this activity or decline to participate at any time. I accept and assume these risks and agree to release, discharge and hold harmless the Town of Kernersville, its officers, employees, and agents from any and all actions, due to dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in this volunteer service.

I understand that on occasion, a volunteer may be entrusted with information or have access to records or files deemed confidential in nature. I agree to hold confidential any such information with which I am entrusted in the course of my volunteer assignment. I understand that divulging confidential material to unauthorized persons may result in dismissal from my volunteer position and/or other actions as deemed appropriate.

I understand that signing this Volunteer Waiver and Release is a condition of my participation in this volunteer service. I have carefully read this Waiver and Release and fully understand its contents. If I am under eighteen (18) years of age, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below.

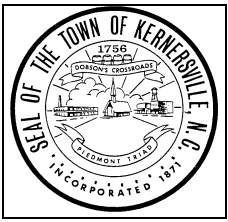
In addition, I give, without expectation of compensation, my permission for the use of my name (and any of my minor children's names) together with photographs, digital images or recordings of me and/or my children in materials and publications that may be produced and/or distributed by the Town of Kernersville. The same may be used in any manner or in any media without any notification, inspection or compensation to me. I release the Town of Kernersville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right which I may have in connection therewith.

Participant: _____ Date: _____
Print name

Participant signature: _____

Parent/Guardian if under eighteen years of age: _____
Print

Signature of Parent or Guardian: _____



Town of Kernersville

Volunteer Authorization and Consent for Release of Information **(To be completed if 18 years or older)**

This release and authorization acknowledges that the Town of Kernersville may now, or at any time while I am volunteering, contact personal references, conduct a verification of my education and licenses/certification, employment/work history, motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the volunteer assignment. The results of this verification process will be used to make decisions pursuant to the Town of Kernersville's volunteer agreement.

I authorize the Town of Kernersville and any of its associates, to disclose orally and in writing the results of this verification process to the designated authorized representative of the Town of Kernersville.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, schools, current and former employers and other organizations and Agencies to provide the Town of Kernersville, or its associates with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

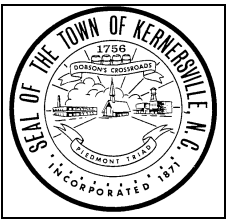
I do hereby agree to release and discharge the Town of Kernersville, or its associates to the full extent permitted by the law from any claims, damages, losses, liabilities, costs, and expenses or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information.

Participant: _____ Date: _____
Print name

Participant signature: _____

Parent/Guardian if under eighteen years of age: _____
Print

Signature of Parent or Guardian: _____



Town of Kernersville

Volunteer Consent for Drug and/or Alcohol Screening (To be completed if 18 years or older)

Volunteer Name *(Please Print)*

Last

First

Middle

I understand that in accordance with the Town of Kernersville's policy of providing and maintaining a safe and healthful environment, I will submit to a drug and/or alcohol screen test by the following date _____ and time _____.

I understand my failure to submit to this test by the above time and date could result in my ineligibility to serve in a volunteer position with the Town of Kernersville.

I hereby authorize the release and results of the test to the management of the Town and its designated medical or professional representatives. Nothing on this form is to be construed as a contract between the parties.

I have read this form and understand the above statements.

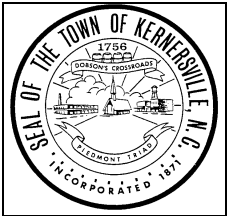
Volunteer: _____
Print name

Date: _____

Volunteer signature: _____

Parent/Guardian if under eighteen years of age: _____
Print

Signature of Parent or Guardian: _____



Town of Kernersville

Volunteer Service Description

Position Title:

Department/Location of Position:

Work Hours for Position:

Position Description: