



Volunteer Application

About the Applicant

Name _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip Code)

Telephone (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Cell)

Employer _____

Occupation _____

Spouse's Name _____

Have you ever been a volunteer before? Yes No
If yes, for what organization, and what activities were included?

Do you still volunteer with the above organization? Yes No
If no, was it your decision to leave, and why?

What skills, areas of expertise, or aspects of your educational background would you bring to the Victim Services Unit as a volunteer?

Why are you interested in becoming a volunteer?

Do you have any prior experience working with people in crisis/stressful situations? Yes No
If yes, please explain.

Have you ever been a victim of crime? (Optional) Yes No
If yes, please explain.

What areas interest you the most? (Please rank each item from 1 to 3, with 1 indicating the most interest)

____ Crisis Intervention ____ Transportation ____ Hospital Advocacy
____ On Call ____ Clerical ____ Program Development
____ Court Advocacy ____ Other _____

When are you available? (Please indicate which days of the week and time of day)

<input type="checkbox"/> Sundays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Mondays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Thursdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Fridays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Saturdays	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night

How did you find out about this position?

Kansas City Star Examiner The Pointe Cable TV

Employee Referral (Employee Name) _____

Other _____

References

Name _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip Code)

Telephone (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Cell)

Relationship to Applicant _____

Name _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip Code)

Telephone (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Cell)

Relationship to Applicant _____

Name _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip Code)

Telephone (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Cell)

Relationship to Applicant _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain.

Do you have a valid driver's license and automobile liability insurance? Yes No

License# _____

Insurance Company _____

In case of an emergency contact:

Name _____
(Last) (First)

Telephone (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Cell)

Relationship to Applicant _____



May we contact your present employer as to your qualifications and character? Yes No

I voluntarily give the City of Grain Valley the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information.

I agree to wear or use protective clothing or devices as required by the City of Grain Valley and to comply with applicable safety rules.

I understand that any false answers or statements made by me on this application for any supplement thereto, or in connection with the above mentioned investigation, may be sufficient grounds for immediate discharge, regardless of the length of employment.

Applicant's Signature

____/____/____
Date



Authority for Release of Information

Name

____/____/____
Date

____-____-____
Social Security #

By my signature below, I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by an to any duly authorized agent of the City of Grain Valley whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Grain Valley. I understand that all materials pertaining to this background investigation become the property of the City of Grain Valley and will not be returned to me.

I agree to indemnify and hold harmless the person presenting this request and the person to whom this request is presented and his/her agents, employers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of initiating or complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____

Address _____

(City)

(State)

(Zip)