



Municipal Volunteer Program

VOLUNTEER APPLICATION

The City of Kings Mountain operates a communitywide program that provides volunteer services to various City departments. This volunteer application is designed to give applicants an opportunity to share their background, experience, interest, and skills that allow the City to make the best possible volunteer placement.

CONTACT INFORMATION AND PERSONAL DATA

Name _____

Address _____

City _____ State ____ Zip Code _____

Telephone _____ Work _____

E-mail _____

Are you 18 years of age or older? **Yes** **No**

Do you possess a valid Drivers License?

Yes **No** If yes, what is your license number?

ID# _____ Exp.Date ____/____/____

SPECIAL SKILLS AND INTEREST

(Check the appropriate skills.)

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Painting & Photography |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Training |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Technical Writer |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Horticulture | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Library | |
| <input type="checkbox"/> Authorities, Boards, Commissions and Committees | |
| <input type="checkbox"/> Other _____ | |

List any languages, other than English, which you speak fluently. _____

PREVIOUS VOLUNTEER WORK

ORGANIZATION NAME	VOLUNTEER POSITION/DUTIES	FROM/TO

EDUCATION

TYPE OF SCHOOL	SCHOOL	MAJOR COURSE	DEGREE/DATE
High School or GED			
Business or Technical			
Undergraduate Studies			
Graduate Studies			



CITY OF KINGS MOUNTAIN AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES (continued)

WORK EXPERIENCE - INCLUDE MILITARY SERVICE (Use additional sheet if necessary.)
Briefly describe your current and/or past work experience (duties and responsibilities).

AVAILABILITY

Please check all days of the week you are available.

Monday	<input type="checkbox"/>	Preferred work hours: _____ to _____
Tuesday	<input type="checkbox"/>	Preferred work hours: _____ to _____
Wednesday	<input type="checkbox"/>	Preferred work hours: _____ to _____
Thursday	<input type="checkbox"/>	Preferred work hours: _____ to _____
Friday	<input type="checkbox"/>	Preferred work hours: _____ to _____
Saturday	<input type="checkbox"/>	Preferred work hours: _____ to _____
Sunday	<input type="checkbox"/>	Preferred work hours: _____ to _____

Number of hours _____ per week/per month _____

Do you have a number of service hours that you are required to fulfill? **Yes** **No** How many _____

REFERENCES

Please list two references other than family members.

Name _____	Name _____
Street Address _____	Street Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____
Relationship _____	Relationship _____

Why do you want to be a volunteer?

In case of an emergency, please contact _____ Phone _____
Relationship _____

Have you been convicted of a felony? **Yes** **No** Have you been convicted of a misdemeanor other than minor traffic offenses? **Yes** **No** If yes, please explain _____



CITY OF KINGS MOUNTAIN
AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES (continued)

VOLUNTEER AGREEMENT AND WAIVER (if under 18 yr. parent must sign below)

I understand that I am offering my services to the City of Kings Mountain without compensation and shall not be considered an employee of the City. As a City of Kings Mountain Volunteer, I agree to abide by all City rules, regulations and policies, as well as all rules, regulations and laws of the State of North Carolina as required by City and State Statutes. I hereby grant the City permission to perform a drug test and to check on my background, including criminal record, driving record, past employment and volunteer history and personal references. I understand that information collected during the check will be kept confidential.

Signature

Date

TO BE COMPLETED AND SIGNED BY 1) DEPARTMENT DIRECTOR, 2) VOLUNTEER, 3) HR DIRECTOR, 4) CITY MANAGER.

Assigned to: _____ **Dept.**

Volunteer Name - Type or print

Date

Address

City, State Zip

Brief description of work to be performed or attach job description)

Tentative Starting Date & Time _____

List Work Schedule (Days of Week, Hours, Duration)

Location(s) where work will be performed

Supervisor _____



CITY OF KINGS MOUNTAIN AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES (continued)

In the event of an emergency contact:

1) Name _____	2) Name _____
Address _____	Address _____
Phone Numbers: _____	Phone Numbers: _____
Relationship: _____	Relationship: _____

I _____, do hereby consent to perform unpaid volunteer service work for the City of Kings Mountain. I understand that I am not entitled to any provisions of law regarding employment.

I certify that I have no know medical conditions, or restrictions, which would prohibit me from performing the assigned duties. I agree that I may be given emergency first aid; and if needed be taken to a hospital/urgent care facility.

I do hereby release and agree to hold harmless the City of Kings Mountain and its officials, officers, agents, employees and volunteers from liability for any damage to persons or property resulting from my negligence and / or intentional acts.

I understand that my services as a volunteer may be terminated by either party, at any time.

For Volunteers under 18 years of age Parent / Guardian Consent:

I am certifying that I am the parent/guardian of _____ and that I give permission to perform volunteer work and abide by all the rules and conditions outlined here.

Parent/Guardian Signature Date

Volunteer Date

Signature/	Printed Name/	Title of Representative Responsible for Volunteer/	Date
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Agreement Approved: Department Director Date

Agreement Approved: Director of Human Resources Date

Agreement Approved: City Manager Date



CITY OF KINGS MOUNTAIN
AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES (continued)

Completed copies to: Volunteer
HR Director
Department Director