



# City of Sunland Park VOLUNTEER APPLICATION

Received on: \_\_\_\_\_  
Received by: \_\_\_\_\_

(Please fill in all of the required information and sign where indicated)

Legal First Name		Full Middle Name		AKA/Nickname		Last Name		Suffix		
Maiden Name (if married with in the past 7yrs.)			Social Security #			Date of Birth				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Driver License #		State	Expiration Date	OR	State ID #		State	Expiration Date
Street Address		Apt./Unit #	City			State		Zip Code		
Mailing Address (if different from street address)			City			State	Zip Code	Area Code	Home Telephone	
Email address							Area Code		Cellular Telephone	

<b>Previous address if lived at address less than 5 years</b>					<b>Race/Ethnicity (Optional)</b>					
Street Address				Apt./Unit		<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Black or African American		
City			State	Zip Code		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian or Pacific Islander		
						<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Other		

<b>CURRENT EMPLOYMENT</b>									
Employer					Position/Job title				
Area Code	Work Telephone		Ext.	Area Code	Fax Number		Supervisor Name		

<b>I AM VOLUNTEERING FOR THE FOLLOWING</b>										
<input type="checkbox"/> Clerical	<input type="checkbox"/> Custodial	<input type="checkbox"/> Recreation (Coaching)			<input type="checkbox"/> Special Event/ Sponsor:			<input type="checkbox"/> Other:		
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Library aid	<input type="checkbox"/> Recreation ( Referee/Umpire)			<input type="checkbox"/> Special Event/Worker					

<b>PROFESSIONAL REFERENCES (Employment, School, Church or other organization)</b>									
Organization Name					Your position/Role				
Contact First Name		MI	Contact Last Name			Area Code	Telephone Number		Ext.
Address			City			State	Zip Code		

<b>PERSONAL REFERENCE (Non-relative, known at least 1 year and must be different from Professional Reference)</b>									
Contact First Name		MI	Contact Last Name			Area Code	Telephone Number		Ext.
Address			City			State	Zip Code		

<b>REFERRED BY:</b>									
Organization Name					Number of hours to complete:		Due date:		
Contact First Name		MI	Contact Last Name			Area Code	Telephone Number		Ext.
Address			City			State	Zip Code		

**DISCLOSURE:** All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer with the City of Sunland Park. Acceptance of an applicant will be based on the available areas for volunteers, prior volunteer references, and results of background check.

Have you ever been convicted of a crime?    YES     NO

Check her if you are a returning volunteer and have previously disclosed this conviction(s).

**IMPORTANT! READ THE AGREEMENT PRINTED ON THE REVERSE SIDE, THEN SIGN BELOW**

**I HAVE READ THE ABOVE DISCLOSURE STATEMENT, VOLUNTEER WAIVER AND RELEASE FORM AND FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. I FULLY AGREE TO INFORM THE CITY OF SUNLAND PARK ON A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER'S NAME: (PLEASE PRINT)** \_\_\_\_\_

## **VOLUNTEER WAIVER & RELEASE FORM**

The City of Sunland Park (the "City") is committed to conducting its programs, services, and activities (collectively, the "City services") in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/ guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer in performing and/or otherwise assisting the City in providing City Services ("Volunteer Activities").

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the Volunteer Activities. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before performing any Volunteer Activities that involve physical activity.

### **WARNING OF RISK**

The Volunteer Activities often challenge and engage the physical, mental and/or emotional resources of each volunteer. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when acting as a volunteer for the City. All hazards and dangers cannot be foreseen. Certain risks, dangers and injuries may exist due to slips and falls, poor skill level or conditioning, carelessness, horseplay, premises defects, inadequate or defective equipment, inadequate supervision, instruction and other risks inherent to the Volunteer Activities. In this regard, it is impossible for the City to guarantee absolute safety.

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in acting as a City Volunteer, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of volunteering in any and all Volunteer Activities and/or City Services (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in Volunteer Activities and/or City Services, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said Volunteer Activities and/or City Services. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of the Volunteer Activities, and/or City Services, against the City, or any of its affiliated organizations, or any of their respective officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

**Participant's Signature:** \_\_\_\_\_

*(Participant must be 18 years or older, OR Parent/Guardian signature is required.)*

Participant's Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ ( H ) ( W ) ( C )

Date: \_\_\_\_\_

**Note: VOLUNTEER ACTIVITIES WILL BE DENIED**  
if the signature of adult participant or parent/guardian and date are not on this waiver.

VOLUNTEER SERVICE

**AUTHORIZATION AND AGREEMENT**

*As part of our normal procedure in processing this application, a routine inquiry will be made concerning your background. Former employers, school records and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair decision regarding my participation in the volunteer service. This information will only be available to those participating in this decision or those who process volunteer applications. As part of this investigation, a check of criminal records will also be conducted.*

I, the undersigned hereby authorize this organization, its representatives, employees or agents to conduct all pre-screening inquiries and tests as described. I further authorize the organization and its agents to verify all statements contained in this application and any other materials I submit in connection with my volunteer application. I agree to complete any requisite authorizations forms. I release the organization, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of approval for volunteer service, this authorization and release is valid throughout my time as volunteer and a photocopy is as effective as the original.

I further understand all offers for volunteer service are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

This organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resource Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from service and loss future volunteer consideration. I further understand and agree that the organization shall not be liable in any respect if my volunteer service is so denied or terminated.

I understand the acceptance of this application by the organization neither express nor implies I will be offered the opportunity to participate in the volunteer program. I understand my volunteer service is at-will and I any resign at any time for any reason; similarly, my participation may be terminated by the organization at any time for any reason. Any changes to this at-will volunteer service agreement will not be valid unless in writing signed by me and a duly authorized representative of this organization.

I HEREBY AUTHORIZE YOU TO CONTACT:	MY PRESENT EMPLOYER(S)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	MY PAST EMPLOYERS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_