



DATE: \_\_\_\_\_

**Application Received**  
Interview: \_\_\_\_\_  
REF. #1 \_\_\_\_\_  
REF #2 \_\_\_\_\_  
ACTION: \_\_\_\_\_

**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ARE YOU AGE 18 OR OLDER? \_\_ YES \_\_ NO \_\_

GENERAL AVAILABILITY:  Weekdays –  M  T  W  TH  F - Hours: \_\_\_\_\_

Weekends -  SAT  SUN – Hours: \_\_\_\_\_

**LEAD ORGANIZED GROUPS BY SPECIAL APPOINTMENT?** \_\_ YES \_\_ NO- Dates/Times \_\_\_\_\_

EDUCATION (Check One):  Elementary  High School  College  Grad School  Other: \_\_\_\_\_

Are you volunteering to fulfill a service requirement?  Yes  No. If yes, number of hours required: \_\_\_\_\_

EXPERIENCE: (Other volunteer work, jobs, etc.): \_\_\_\_\_

EMPLOYER: (if employed): \_\_\_\_\_

May we contact your employer?  Yes  No. If no, please give reason: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No. If yes, please explain:  
\_\_\_\_\_

Driver's License or Social Security Number: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Doctor & Hospital: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

REFERENCES: (Other than family):

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

Please tell us about you – describe any special training, experience, classes, degrees etc. (Use back of sheet, if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION and AUTHORIZATION (Please read carefully)**

I certify that the information provided in the Volunteer Application is true, correct and complete. I authorize verification of all statements contained in this Application. I authorize former employers and references to provide information concerning me, and I release them from liability for providing any such information to the City of Fort Wright, Kentucky.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Return Application To:**

City of Fort Wright, 409 Kyles Lane, Fort Wright, Kentucky 41011

To any Police Department, Medical Association, U.S. Armed Forces, Maritime Services, Veterans Administration, or any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized persons at a school, college, business school, trade school, high school, or any past or present employers, Credit Bureau, Retail Merchants Association, Loan Institution, Commercial Bank, U.S. Post Office, U.S. Selective Service System, or neighbor:

**Please Print:**

I, \_\_\_\_\_, address, \_\_\_\_\_, have applied for service as a Museum Volunteer with the City of Fort Wright. I am aware that my entire background may be investigated. I hereby authorize and request the release of any and all information you have concerning myself, including a transcript of any disciplinary actions (i.e., violations of rules or regulations), damage claims and civil litigations (including any depositions), pending or concluded, including subject area, to the Fort Wright Police Department Investigator or their representative upon presentation of this signed document. I understand that any information obtained by a background investigation, which is developed directly or indirectly, in whole or in part, upon this release of information authorization, may be considered in determining my suitability for service as a Museum Volunteer with the City of Fort Wright. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**