



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