



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.)

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

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			

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

VOLUNTEER APPLICATION CONTINUED

AVAILABILITY

Please check all days of the week you are available.

Monday	Preferred work hours: _____ to _____
Tuesday	Preferred work hours: _____ to _____
Wednesday	Preferred work hours: _____ to _____
Thursday	Preferred work hours: _____ to _____
Friday	Preferred work hours: _____ to _____
Saturday	Preferred work hours: _____ to _____
Sunday	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 _____

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



CITY OF KINGS MOUNTAIN AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

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 _____

In the event of an emergency contact:

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

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

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

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

CITY OF KINGS MOUNTAIN AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

Signature/

Printed Name/

Title of Representative Responsible for Volunteer/ Date

Agreement Approved: Department Director

Date

Agreement Approved: Director of Human Resources

Date

Agreement Approved: City Manager

Date

Completed copies to: Volunteer
HR Director
Department Director

Please return to: Human Resources Department, Municipal Volunteer Program, 103 W King Street, Kings Mountain, NC 28086
Contact: 704.734.4601 E-mail: randy.patterson@cityofkm.com
Website: www.cityofkm.com