**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
- □ Law Enforcement
- □ Library
- □ Authorities, Boards, Commissions and Committees
- □ Other __________

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

### PREVIOUS VOLUNTEER WORK

<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>VOLUNTEER POSITION/DUTIES</th>
<th>FROM/TO</th>
</tr>
</thead>
<tbody>
<tr>
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### EDUCATION

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<tr>
<th>TYPE OF SCHOOL</th>
<th>SCHOOL</th>
<th>MAJOR COURSE</th>
<th>DEGREE/DATE</th>
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</thead>
<tbody>
<tr>
<td>High School or GED</td>
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<tr>
<td>Business or Technical</td>
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<td>Undergraduate Studies</td>
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<td>Graduate Studies</td>
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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  □ 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

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

Agreement Approved: Department Director          Date
Agreement Approved: Director of Human Resources          Date
Agreement Approved: City Manager     Date

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

6/09