



# CITY OF BOWLING GREEN

## VOLUNTEER SERVICE APPLICATION

**This form is to be completed by the department that will submit these required documents to the Human Resources Department at least two (2) weeks prior to start date. Incomplete forms or documentation will be returned to the originating department.**

**Volunteers are required to be at least 15 years of age and be a U.S. Citizen or Legal Permanent Resident.**

### VOLUNTEER SERVICE INFORMATION *(to be completed by department)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department	Division	Dept. Contact Name	Dept. Phone #

**Describe Roles and Activities as a Volunteer: BE VERY SPECIFIC: ATTACH ADDITIONAL SHEET IF NEEDED.**

1.
2.
3.
4.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	End Date (not to exceed two years)	Estimated Hours Per Week

### GENERAL *(to be completed by Applicant)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Today's Date

Present Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

Permanent Address *(if different from above)*

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Cell Number	U. S. Citizen or Permanent Resident?

E-Mail Address

**Have you ever Volunteered for the City of Bowling Green?**

Yes       No

If "yes" indicate dates of Volunteer Service

Department where you volunteered

Department Contact Name





# CITY OF BOWLING GREEN

## VOLUNTEER SERVICE APPLICATION

Name(s) and Department(s) of any family members employed at the City of Bowling Green

### EMERGENCY

Emergency Contact Name

Relationship to You

Phone Number

Physician's Name

Phone Number

### REFERENCES

	Name	Relationship	Email Address	Phone #
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### EDUCATION AND TRAINING

Relevant Education (If student, indicate academic affiliation.) Relevant training skills, experience, etc.

  
  
  
  

### SIGNATURES – VOLUNTEER APPLICANT

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the City of Bowling Green.

Applicant Signature

Date

Parental Signature (required if under 18 years of age)

Date

Department Director Signature

Date

The department must submit this completed form to the Human Resources Department  
AT LEAST TWO (2) WEEKS PRIOR TO START DATE.





# CITY OF BOWLING GREEN

## VOLUNTEER SERVICE

### Agreement & Release

We are pleased that you have decided to volunteer your services to the City of Bowling Green, Department of

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the City of Bowling Green.

I,  (Name) in consideration of being allowed to participate in

the volunteer service of the City of Bowling Green do hereby agree that:

1. I understand and agree that my volunteer service will be from  to . At the end of such period, I understand that my volunteer service will cease.
2. I understand and agree that my volunteer service is in no way an offer of or employment by the City of Bowling Green and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release the City of Bowling Green from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the City of Bowling Green.
3. I understand that I will be volunteering at a government agency and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the City of Bowling Green may terminate my volunteer service at any time, with or without cause.
4. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the City of Bowling Green and I hereby agree not to disclose, discuss or reveal any such information to parties outside the City of Bowling Green and to keep any City of Bowling Green records or files, confidential. I also agree to keep any information about employees I may encounter and not to disclose, discuss or reveal any such information to anyone.
5. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the City of Bowling Green, including its present and former Board of Commissioners, officers, directors, employees, and agents from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or a rising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the City of Bowling Green persons action on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the City of Bowling Green's facilities during my participation in the volunteer service.
6. I understand that as a City volunteer the City of Bowling Green does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my City of Bowling Green affiliation.
7. I understand that this is intended to be as broad and inclusive as is permitted by the laws of the State of Kentucky.
8. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Print Name

Participant Signature

Date

Provide one copy of this agreement to the City of Bowling Green volunteer.  
Retain this agreement for three years from the end of service.





# CITY OF BOWLING GREEN

## VOLUNTEER SERVICE

### Parental Consent

**Required for participants under 18 years of age.**

By signing below, I , hereby attest to the following:

1. I am the legal guardian of , who is under eighteen years of age, and has my permission to participate as a volunteer from  to  at the Department of  at the City of Bowling Green, according to the duties described in his/her Volunteer Service Application which I have read and signed.
2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the City of Bowling Green, including its present and former Board of Commissioners, officers, directors, employees, and agents from and against from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the City of Bowling Green persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the City of Bowling Green's facilities/equipment during his/her participation in the volunteer service.
3. I understand that as a City volunteer the City of Bowling Green does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her City volunteer affiliation.
4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

Print Name

Signature of Legal Guardian

Date

Print the full name and address of a person who can be reached between the hours of 7:30am and 5:00pm in case of emergency.

Print Name

Relationship

Address (including City, State, and Zip)

Phone Number

Cell Phone Number

Provide one copy of this agreement to the City of Bowling Green volunteer.  
Retain this agreement for three years from end of service.





# CITY OF BOWLING GREEN

## VOLUNTEER SERVICE

### Background Search

(For Use in Conducting Criminal Background Check)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	M.I.	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text"/>
Social Security Number	Date of Birth	Sex	Race
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dept. Contact Name	Department	Division	Phone Number

### DURATION OF ASSIGNMENT

<input type="text"/>	to	<input type="text"/>
Start Date		End Date

### BACKGROUND CHECK

Have you ever pled guilty to a crime?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Have you ever pled no contest or had adjudication withheld on any criminal charge?  Yes  No

Do you have any criminal charges pending (excluding minor traffic violations)?  Yes  No

If you answered yes to any of the above questions, please provide dates, places, details and dispositions of any convictions, please, sentences or pending issues: (Attach a separate sheet if necessary.)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Have you been a defendant in a civil action for intentional tort?  Yes  No

If yes, explain the nature of the tort and the disposition of the action: (attach a separate sheet, if necessary.)

*Tort means a wrongful act (e.g., assault, battery, fraud, or injury) for which a civil action can be brought.*

<input type="text"/>
<input type="text"/>

### CITIES/STATE(S) RESIDED IN WITHIN THE LAST THREE YEARS

<input type="text"/>	<input type="text"/>
Current Address	Home Phone Number
1. <input type="text"/>	2. <input type="text"/>
Previous City/State/Zip	Previous City/State/Zip
3. <input type="text"/>	4. <input type="text"/>
Previous City/State/Zip	Previous City/State/Zip

**I agree to conform to the rules and regulation of the City of Bowling Green.**

<input type="text"/>	<input type="text"/>
Signature	Date

Attach a copy of: Proof of Age Document, US Citizenship, and Permanent Residency.

The department must submit this completed form to the Human Resources Department AT LEAST TWO (2) WEEKS PRIOR TO START DATE





# VOLUNTEER ORIENTATION/SAFETY TRAINING DOCUMENTATION

The items listed below are to be reviewed with all non-City employee workers prior to their assignment of work activities. A check shall be placed in the space provided to the left of each item as it is reviewed with the worker. All completed forms shall be forwarded to the Human Resources & Risk Management Department no later than the same day in which the worker begins work activities. Any questions the worker may have regarding the review of the items listed below may be directed to the Safety & Risk Manager.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Hazards associated with the task(s) to be performed were reviewed, and PPE selection/use was discussed and reviewed.
- Procedures for proper donning, doffing, adjustment, as well as the limitations and proper maintenance/care of the PPE were also reviewed and discussed.
- PPE was assigned, and included the following items:

Check if assigned:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Hard Hat                        | <input type="checkbox"/> Safety Vest     |
| <input type="checkbox"/> Gloves         | <input type="checkbox"/> Hearing Protection              | <input type="checkbox"/> Steel Toe Boots |
| <input type="checkbox"/> Other          | <input style="width: 600px; height: 20px;" type="text"/> |  |

## ACCIDENT/INJURY REPORTING PROCEDURES

- City's Accident/Injury Reporting Procedures for employees was reviewed and discussed.

## HAZARD COMMUNICATION PROGRAM

- Department's Hazard Communication Plan was reviewed, including discussion of the following: Location of Material safety Data Sheets (MSDS) and How to Use a MSDS, How to Read labels, and specific chemical hazards for the type of work to be performed.

## EQUIPMENT OPERATOR TRAINING

- Instruction for the safe and proper operation of the following equipment types was performed and reviewed with the worker (safety instructions are to be reviewed as described in the equipment owner's manual). The worker is familiar with the equipment and confident that he/she can operate the equipment safely and effectively.

Equipment Type:


I have been instructed on all items checked above and have been given the opportunity to ask questions and have obtained answers tot those questions. I understand that I am not obligated to perform any task I feel is a threat to my health or well being, until such task can be reviewed by the City's Safety & Risk Manager.

Volunteer Name (print)	Volunteer Signature	Date
Instructor/Supervisor Name (print)	Instructor/Supervisor Signature	Date