



Date Rec'd: _____ Staff: _____

DIVISION OF PARKS & RECREATION VOLUNTEER APPLICATION

Please complete and return this application in person or by mail:

City of Sandusky

ATTN: Parks & Recreation

1918 Mills St., Sandusky, OH 44870

Or scan/e-mail to recreation@cityofsandusky.com

Name: _____ T-Shirt Size: S M L XL XXL

Address: _____ Other names used: _____

City: _____ State: _____ Zip: _____ Date of birth: Month _____ Day _____ Yr. _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____ Ohio Driver's License # _____

When can we call on you to volunteer for City of Sandusky events?

- Throughout the year
- Summer only (March through October)
- Winter only (November through February)
- Specific: _____

Availability (check all that apply)

- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
 - Sunday
- Times available: Anytime
- Daytime only between _____ a.m. and _____ p.m.
- Evening only between _____ p.m. and _____ p.m.

Work Experience (include volunteer and military experience)

Present or most recent:
Employer/Organization _____ Position _____ How long? _____

Previous:
Employer/Organization _____ Position _____ How long? _____

Education

- High School
 - Some College
 - College Degree
 - Technical School
 - Special Skills
- Area of study, special training or skills: _____

Physical or Health Restrictions? (specify) _____

Have you ever been convicted of or plead guilty to a felony? Yes No

Following is a partial list of activities and events for which you may be called upon to volunteer. Please check all of the items for which you are interested in serving or have previous experience. Every effort will be made to accommodate your selections, but we reserve the right to schedule all volunteers when and where they are most urgently needed.

Clerical / Office Work

- Answer phones
- Photocopy
- Stuff Envelopes
- Label & sort mailings
- Other _____

Special Events

- Set-Up/Tear-Down
- Parking
- Concessions
- Ticket Taker/Seller
- Other _____

Golf Course

- Ranger of at least 14 hours per week

Recreation Programs

- Arts & Crafts
- Sports
- Fishing Events
- Golfing Events
- Parks
- Other _____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of this application. I understand that all volunteers that are in a position in which, on a regular basis, have UNSUPERVISED ACCESS TO A CHILD as defined by Ohio Revised Code Section 109.574 (b), may at any time be subject to a criminal background check and fingerprinting. I am offering my services as a volunteer and understand that I will not be entitled to any form of compensation for any services I provide.

Signature: _____ Date: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT ("AGREEMENT")**

This agreement is executed on the date below by the undersigned Volunteer ("Volunteer") in favor of the City of Sandusky, its officials, directors, officers, employees, agents and representatives ("City"). The volunteer desires to assist the City by working as a volunteer to _____ at _____ during the _____ season.
(i.e. mow grass, plant flowers, etc.) (Location) (year)

I, for myself, for personal representatives, assign, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in that Activity.
2. FULLY UNDERSTAND: (a) the Activity involves risks and dangers; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, or the conditions in which the Activity takes place; (c) and fully accept and assume all such risks and all responsibilities for injuries I incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS the City of Sandusky, its officials, directors, officers, employees, agents and representatives (each considered one of the Releasees herein) from all liability, claims, or damages on my account caused or alleged to be caused by the negligence of the "Releasees".

This agreement is effective for the above noted Activity and location on or after _____.
(Insert Date)

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature.

Printed Name of Participant: _____

Address: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Participant's Signature: _____

Date: _____

PEOPLE FACTS

Employment Screening Services

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

City of Sandusky requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the City of Sandusky may now, or at any time while I am employed, conduct a verification of my education, employment history, three (3) years of drug, alcohol and accident history from all Department of Transportation (DOT) – regulated employers, credit history, and motor vehicle records. In addition the City of Sandusky may contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize People Facts Employment Screening Services and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of the City of Sandusky. The results will be used to determine employment eligibility under the City of Sandusky's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Services with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the City of Sandusky, its agent, People Facts Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

(Applicant's Name, Printed - Last, First Middle) (Maiden Or Other Name(s) Used)

(Current Address - Street, City, State, Zip) (How Long)

(Previous Address - City, State, Zip) (How Long)

(Previous Address - City, State, Zip) (How Long)

(Social Security Number) (Date of Birth - for confirmation of ID only)

(Name - exactly as it appears on Driver's License) (Drivers License Number) (State)

[] Yes [] No
(Authorization to contact present employer for reference) (Signature) (Date)

****Please submit a copy of your driver's license along with the completed document****