



<b>Name of Organization:</b>	<b>Address:</b>	
<b>Dates of Employment:</b>	<b>Supervisor's Name:</b>	<b>Phone Number:</b>
<b>Duties:</b>		

<b>REFERENCES</b>	
<b>*Persons under the age of 18 years shall provide two adult, non-relative references*</b>	
<b>Name:</b>	<b>Relationship:</b>
<b>Phone Number:</b>	<b>Duties:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Phone Number:</b>	<b>Duties:</b>

<b>EMERGENCY CONTACT INFORMATION</b>		
<b>Name:</b>	<b>Relationship:</b>	
<b>Phone Numbers:</b>	<b>Home:</b>	<b>Work:</b>
<b>Name:</b>	<b>Relationship:</b>	
<b>Phone Numbers:</b>	<b>Home:</b>	<b>Work:</b>

<b>SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION, AND RELEASE OF LIABILITY</b>	
<p>I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The City is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, criminal justice agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Fruita.</p> <p>In the event that I am selected to become a volunteer for the City of Fruita, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of Fruita as a volunteer in a voluntary capacity and that I will receive no compensation or benefits for services provided.</p> <p>I understand that I am NOT insured by the City of Fruita Worker's Compensation Insurance and NOT covered by any Accident Medical Insurance Policy while I am a volunteer with the City of Fruita. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.</p> <p>I hereby release the City of Fruita, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation in the Volunteer Program. I grant full permission to use any photographers, videotapes, recording or any other record of this program for any purpose.</p> <p>The City will provide any applicant or volunteer who is rejected or discharged as a result of any background investigation information on how to obtain the report and contact information for the reporting agency. Determinations to reject an applicant or discharge a volunteer as a result of the criminal background investigation report are final.</p> <p>*The City may reject a volunteer applicant or discharge a volunteer for any reason or no reason at all.</p> <p><b>BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:</b></p>	
<b>VOLUNTEER'S SIGNATURE:</b>	<b>DATE:</b>
<b>If Volunteer is Under 18, Signature of Parent/Guardian:</b>	<b>DATE:</b>