



WEST PLAINS

VOLUNTEER APPLICATION

The City of West Plains welcomes your volunteer application. There are several volunteer opportunities with the city. Some volunteer positions are available for special events, some are offered seasonally, and other volunteer positions are best suited for year-round commitment. To ensure the safety of our program, volunteers, staff and participants are required to complete the following Volunteer Application and Liability Waiver and Release form. In addition, all volunteers are required to undergo and successfully pass a background investigation consisting of a sexual offender registry and criminal history search. The City of West Plains enforces a strict zero tolerance drug and alcohol policy. If you wish to be considered for a volunteer assignment, you are required to complete this application in its entirety. Incomplete applications will not be considered. The City of West Plains welcomes all qualified applicants without regard to their race, color, religion, gender, national origin, age, marital status, disability, or other protected status. The City of West Plains also complies with the Americans with Disabilities Act. If assistance or accommodation is needed during the application process, please contact Human Resources.

Personal Information

Last Name	First Name	Middle Name	
Current Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Primary Phone No.	Secondary Phone No.	Email	

What type of volunteering are you interested in doing?						
What are some of your skills, abilities, hobbies, or special interests?						
What days are you available?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What times are you available?						
Mornings	Afternoons	Evenings				
How many hours per week can you volunteer?						
List any languages you speak or write fluently other than English.						
Have you ever been employed with the City of West Plains?		Yes	No			
If yes, in what capacity?						
List any relatives of yours who are currently employed with the city:						
Do you possess a valid Missouri Driver's License?	Yes	No	State:	Number:	Expiration:	
Do you possess a valid Commercial Driver's License (CDL)? List any endorsements:	Yes	No	State and Class:	Number:	Expiration:	

Personal References

List three persons who are not related to you who have definite knowledge of your qualifications for the volunteer assignment for which you are applying for.		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Certification of Applicant

I certify that all information provided in order to apply for and secure volunteer assignment is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

Signature	Date
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WEST PLAINS

VOLUNTEER LIABILITY WAIVER AND RELEASE

TERMS AND AGREEMENTS

I agree to adhere to the policies and procedures of the City of West Plains and to abide by the directives and instructions given to me by the city's officers, employees, and agents. I understand and agree that serving as a volunteer for the city is a privilege granted by the city, and not a right, and that such privilege may be discontinued at any time without cause or recourse.

I understand and agree that I am not considered an employee or officer, nor am I an employee or officer of the city and will not be provided with compensation or benefits of any kind. I recognize and agree that the city has not made any representations as to the safety of the volunteer activities that I may perform. I acknowledge that within the course and scope of my activities as a volunteer, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. By agreeing to these terms, I voluntarily and knowingly assume all risks, both known and unknown, and assume full responsibility for all injuries, death, and property damages arising out of or in any way associated with my volunteer activities.

I understand that during my volunteering activities or related activities, I may be recorded, photographed or videotaped. I agree to allow any record, including, but not limited to, photographs, video and film of my likeness to be used by the city at any time and for any purpose.

WAIVER, RELEASE AND INDEMNIFICATION

I do hereby voluntarily and knowing release, waive, forever discharge and covenant not to sue the City of West Plains, its officers, employees, contractors, subcontractors, and agents in both their individual and official capacities, from any and all liability, claims, demands, damages, awards, judgments, costs, actions, compensation, reimbursement, causes of action or suit of any kind or character, present and future, known and unknown, on behalf of myself, my personal representatives, estate, assigns, heirs, administrators, and next of kin for any and all loss or damage, claims, demands, or causes of action on account of personal injury, death, or damage to my property arising out of or related to my volunteering activities, whether caused by negligence or acts or omissions of the city, its officers, employees, contractors, subcontractors, or agents. I do hereby indemnify, hold and save harmless the city, its officers, employees, agents, and all others who may be liable, present and future, known and unknown, from any and all causes of action resulting in damage to my property or to my person, or for personal injuries or death sustained by me while volunteering including, but not limited to, damage, injury or death caused by the negligence or acts or omissions of the city, its employees, officers, contractors subcontractors or agents.

I further agree to defend, indemnify and hold harmless the city, its employees, officers, contractors, subcontractors and agents, in both their individual and official capacities from and against any and all actions, causes of action, claims or demands of every kind and character, including but not limited to, attorney's fees, awards, compensation, costs, damages, expenses, judgments, liabilities, reimbursement and suits which may be asserted by any party for any reason or cause, including but not limited to, personal injury, including death, property damage or loss, or the effects or consequences thereof that arise or may arise from my negligent or intentional act or omission while acting as a volunteer regardless of whether caused, in whole or in part, by the negligence acts or omissions of the city, its employees, officers, contractors, subcontractors and agents, in both their individual and official capacities.

I agree that in the event any action is brought against the city, its employees, officers, contractors, subcontractors or agents, in either their individual or official capacities, and its assigns and successors, collectively or individually, pursuant to any claims released herein, that a presentation of this Volunteer Liability Waiver and Release shall constitute a complete and affirmative defense to said claim and that a court of competent jurisdiction may dismiss said claim with prejudice.

I agree that this Volunteer Liability Waiver and Release extends to all acts of the city, its employees, officers, contractors, subcontractors or agents, including negligent acts and omissions, and that this Agreement is intended to be as broad and inclusive as is permitted under the laws of the State of Missouri and if any portion herein is invalid, I agree that the remainder shall continue in legal force and effect. I agree that this Volunteer Liability Waiver and Release and the terms contained herein shall survive the expiration or termination of my volunteer activities.

AUTHORIZATION TO RELEASE INFORMATION CONSENT

By signing my name below, I certify, authorize and acknowledge: That all the information provided by me on this application for volunteering and any attachments or supporting documents I submit are accurate. Recognizing that the city may rely upon information I provide to make decisions on volunteers, I hereby certify that all information herein presented is accurate and free from omission, falsification, or misleading information.

I authorize the City of West Plains to conduct background, personal, criminal, employment, sexual offender registry, volunteer history or any type of investigation it may require to determine my fitness for volunteering. Convictions from a criminal background check will not necessarily disqualify an applicant for volunteer opportunities. Additionally, I understand that the city may require a physical examination and a drug and alcohol screening.

Signature

Date



Authorization to Release Records - Volunteer

I understand and agree that a Consumer Report or Investigative Consumer Report may be prepared about me as a part of my request to volunteer in your organization. I hereby authorize Atlas Risk Management, LLC, an agent of _____ to make a thorough check of my past employment, credit, education, and activities. If an investigative Consumer Report is obtained, then "A Summary of Your Rights under the Fair Credit Reporting Act (FCRA)" will be provided to you at the time you receive this authorization. I understand that my consent will apply throughout my employment, to the extent permitted by law. I may request a copy of any report that is created for me and "A Summary of Your Rights under the Fair Credit Reporting Act (FCRA)". I may also request the nature and substance of all information about me contained in the files of the Consumer Reporting Agency (CRA). I understand that I have the right to inspect those files within a reasonable amount of time. The CRA is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct any request to:

Atlas Risk Management, LLC 2601 E 4th St Suite B Joplin, Missouri 64801 (800) 645-1211

This is my authorization to thoroughly investigate my work and personal history. I understand the information supplied by me regarding my Employment History, Education (including authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Records(s), Residence History, and References will be utilized as part of the processing procedure.

California, Minnesota or Oklahoma -- Are you employed in, seeking employment in or a resident of these states? ____ Yes ____ No

If so, do you wish to receive a copy of any consumer Report of which you were a subject? ____ Yes ____ No

Maine and New York -- You have the right, upon request, to be informed of whether a Consumer Report about you was requested by the above named company.

I release and indemnify _____ and Atlas Risk Management, LLC against any liability that might result from making such background checks. I release from liability all person, companies and corporations supplying that information. A copy of this form is as valid as the original. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Signature of Volunteer	Printed Name	Date Signed

Volunteer				
Last Name	First Name	Middle	Social Security Number	Date of Birth / /
Other Names (i.e. maiden, etc)			Driver's License	State

Address/History				
Street Address	City	State	Zip	How Long?
Street Address	City	State	Zip	How Long?

May be contact your current employer? ☐ Yes ☐ No ☐ not currently employed ☐ Post-hire only

Employment				
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?