CITY OF WARRENTON
200 West Booneslick
Warrenton, MO 63383
Phone: (636) 456 – 3535
Fax: (636) 456 – 8135
warrenton-mo.org

Application for Volunteers

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decision be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or TYPE. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Today's Date: _____ Available Start Date: _____

Last Name First Name Middle Name Telephone Number

Street Address City State Zip Code

Volunteer Department/Event to which applying Days/Hours Available to Volunteer

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever been convicted of any law violation (except a minor traffic violation)? ☐ Yes ☐ No

If yes, give details: _____

(A "Yes" answer does not automatically disqualify you, since the nature of the offense, date, and the job for which you are applying is also considered)

Do you have a valid driver's license? ☐ Yes ☐ No

VOLUNTEER WORK / ACTIVITES HISTORY

List names of organizations/events to which you have previously volunteered or participated. Please provide a month and year.

Name of Organization:	Supervisor:
Address:	Volunteer Time:
City, State, Zip	From (mo/yr) To (mo/yr)
Telephone:	Email:
Duties:	
Reason for Leaving:	

Name of Organization:	Supervisor:
Address:	Volunteer Time:
City, State, Zip	From (mo/yr) To (mo/yr)
Telephone:	Email:
Duties:	
Reason for Leaving:	

REFERENCES

Give three references, not relatives.

Name	**Address**	**Phone**
1.		
2.		
3.		

CITY OF WARRENTON

VOLUNTEER PROGRAM

WAIVER AND RELEASE OF LIABILITY
MEDICAL EMERGENCY TREATMENT

The undersigned is voluntarily participating in the City of Warrenton Volunteer Program, subject to the City's sole discretion and approval. In consideration of being allowed to participate as a volunteer, the undersigned acknowledges and agrees that:

I have voluntarily applied to participate in this program. I will adhere to the rules established for the program.

I am voluntarily participating in this program with knowledge of the risks involved. I hereby agree to accept any and all risks of injury, death, or property damage associated with my participation in this program. I am responsible for understanding how to properly perform tasks within the course and scope of my volunteer duties, and will inquire if I am unsure of proper performance. I will not perform tasks that are beyond my ability.

I grant the City of Warrenton permission to use my photographs and images (including video images) for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Warrenton.

As a condition of the City of Warrenton's permission for me to participate in this program, I HEREBY AGREE that, to the maximum extent of the law, I and my heirs, distributees, guardians, legal representatives, and assigns WILL NOT MAKE A CLAIM AGAINST, SUE, PROSECUTE, AND WILL HOLD HARMLESS the City of Warrenton, its officers, agents, attorneys, and employees for any injury, death, or property damage that I may sustain as a result of my participation in this program.

In addition, I HEREBY RELEASE AND DISCHARGE the City of Warrenton, its officers, agents, attorneys, and employees from and against ALL ACTIONS, CLAIMS, OR DEMANDS for any injury, death, or damage resulting from my participation in this program. This release and discharge applies to myself, my heirs, distributees, guardians, legal representatives, and assigns.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND THAT I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF WARRENTON, AND I SIGN IT OF MY OWN FREE WILL.

_____ By my signature below, I hereby certify that I am eighteen (18) years of age or older.

_____ I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date:_____ Print Name: _____ Signature:_____

PARENT/GUARDIAN WAIVER AND RELEASE – FOR MINOR

[NOTE: If the participant is under the age of eighteen (18) years, their parent or guardian must execute the following Waiver and Release]

The undersigned _____ (name of parent/guardian) referred to as the parent and natural or legal guardian of _____ (minor participant's name) does hereby represent that he or she is, in fact, acting in such capacity and **BY THE SIGNATURE BELOW, THIS PARENT/GUARDIAN FURTHER ACKNOWLEDGES AND AGREES TO BE BOUND BY THE TERMS OF THE WAIVER AND RELEASE OF LIABILITY SIGNED BY THE MINOR FOR PARTICIPATION IN THE CITY OF WARRENTON VOLUNTEER PROGRAM.**

_____ _____ _____

Signature of Parent/Guardian Date Relationship to Minor

MEDICAL EMERGENCY TREATMENT CONSENT

As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident, injury or illness. Consent is given for any licensed physician, surgeon, accredited medical personnel, or City personnel to give medical attention and to administer such treatment, drugs, and/or medicines, and to perform such medical procedures as is deemed necessary based on the existing medical situation. I further understand that the City of Warrenton will not be providing medical insurance and that I am responsible for payment in full of any payments due as a result of said treatment.

_____ _____

Signature of Parent/Guardian Date

Current Medications: _____

_____

Special Considerations (medical conditions, physical limitations, allergies, etc.):

_____

_____

_____