

VOLUNTEER WORKERS

POLICIES AND PROCEDURES

1. Each volunteer will complete a Volunteer Application prior to commencing Volunteer services.
 - a. Volunteer will indicate on Application specific interest in volunteer opportunities.
 - b. Volunteer will certify that information on Application is true and correct.
 - c. Volunteer will sign waiver of liability and certify individual insurance coverage.
 - d. If volunteer is a minor, a parent or guardian will be required to read and sign the release.

2. Each Volunteer will be provided departmental orientation, to include, at minimum, a review of the City Confidentiality Policy, Dress Code Policy and Safety in the workplace policy.

3. The Director of any City Department wishing to accommodate volunteer workers will compile a list of duties throughout the department that may be performed by a volunteer.
 - a. Nothing in this policy shall be construed to employ a volunteer as a replacement for a position normally held by a City employee, nor shall any volunteer perform any of the duties normally performed by a City employee.
 - b. Nothing in this policy shall be construed to employ a volunteer as an independent contractor or City employee.
 - c. Nothing in this policy shall be construed to guarantee a volunteer a paid position as a City employee.

4. The supervisor to whom the volunteer has been assigned will be responsible for volunteer daily work activities.
 - a. Each Volunteer will be assigned age appropriate tasks.
 - b. Physical limitations of Volunteer shall be considered for appropriate tasks.

- c. Volunteer will be closely supervised by supervisor or supervisor's designate.
 - d. Supervisor or designate will identify new projects upon completion of each project.
 - e. Periodic evaluations of Volunteer's progress shall be formatted and presented to Volunteer for discussion and review.
 - f. Evaluations shall be maintained and referenced for future positions as City employee (if applicable).
5. Termination of Volunteer services shall be upon completion of Volunteer project. Volunteers are not employees or agents of the City and have no property or contractual rights in their positions or any employment.
- a. Volunteer may terminate services, at will, with or without notice, prior to completion of project. No reason or explanation of termination shall be required.
 - b. Department Director or Supervisor may terminate services prior to completion of project. Termination may be done with or without prior notice and with or without articulable reason such as poor work habits and or non compliance of City rules, regulations, and policies and termination may occur merely for the convenience of the City.
6. Upon termination of service, Department Director or Supervisor, at his or her option, may request that Volunteer complete an exit interview or written survey for the purpose of determining Volunteer's experience and obtaining Volunteer's comments on the program.

Office Use Only:
Date Received: _____
Contact Date: _____
Orientation Date: _____
Start Date: _____
Parent/Guardian consent needed? ___

VOLUNTEER APPLICATION CITY OF CONCORD

Applicant Information

Full Name:

Last

First

Middle

Address:

Street, PO Box, Apt. #

City

State

Zip

Daytime Phone # Number: _____

Home Phone # Number: _____

Email address:

Date of Birth : _____ Sex: _____ (male/female)

What is the best time to reach you? _____

How did you hear about our organization? _____
Friend, television, radio, etc.

If you are volunteering as part of a group or other program, or if you were referred by someone, please identify the group or program or referral:

Why do you want to be a Volunteer? _____
Work experience, personal growth, community contribution, academic credit, etc.

Work Restrictions or limitations or any accommodations needed:

Are you bilingual? ____ yes ____ no If yes, please list languages in which you are fluent:

Emergency Contact Information

Name _____

Address _____

Phone _____

Relationship to the Volunteer: _____

Other emergency Information: _____

Allergies, reactions to medications, medical conditions, etc.

Experience/Skills

Do you have any **Special Education, Skills, Hobbies, Interests etc.** that will or may be useful in your volunteer experience? Please describe:

Do you have any previous volunteer or other community activity experience? Please describe:

Time Commitment and Availability:

Please list the days and times that you are available. Please be as specific as possible so that we may plan how best to use your assistance.

References:

Please list three references who are not your relatives and who have known you for at least one year.

1. _____
Name Address

Phone: _____ Number of years acquainted _____

2. _____
Name Address

Phone: _____ Number of years acquainted _____

3. _____
Name Address

Phone: _____ Number of years acquainted _____

Driving and Insurance

What is your usual method of transportation? _____
Car, Public Transporations, Other

Do you have a valid North Carolina Driver's License? If so, list Number
_____ Expiration Date: _____

Auto Insurance Policy:
Company: _____ Policy # _____

**CITY OF CONCORD
PARKS AND RECREATION DEPARTMENT
VOLUNTEER SERVICES
VOLUNTEER CERTIFICATION**

I certify the information given in this application is complete and correct. I further understand that discovering information to the contrary may be cause for re-determination of volunteer assignments with the agency. I am aware and agree that the City may verify any information presented here, may contact the references I have listed on my application and may conduct a criminal background check. I understand and agree that the City of Concord reserves the right to discontinue the services of any volunteer at any time.

As a Volunteer, I certify that I have read and agree to abide by the attached Volunteer project or job description. I agree to conform to the City of Concord Parks and Recreation Department rules and procedures to the best of my ability. In particular, I agree to respect the confidential nature of any information I may become privy to, learn of or have access to by reason of my volunteer work for the City of Concord and which may constitute personal, medical or otherwise confidential information, the disclosure of which may violate law and/or constitute an unwarranted invasion of the personal privacy of people and may subject myself and others to civil, criminal or administrative action or other personal liability. I agree not to repeat, copy, or reveal to any outside source any such personal, medical or otherwise confidential information.

I agree to participate in orientation and training as required for my volunteer assignment. I understand that volunteer services are to be completed without remuneration or monetary benefit of any kind.

I agree to indemnify and hold harmless the City of Concord, its officers, employees and assigns from and against any and all claims, damages, losses or expenses for personal injury, sickness, or loss, damage or destruction of personal property which may arise out of or during my volunteer experience whether such claim be against me, for my benefit or otherwise. I further understand and agree that volunteers are responsible for their own insurance coverage (medical, automotive, liability or any other type) and are not insured in any way by the City, and are not entitled to any type of benefits provided to any employees of the City.

If Volunteer is under the age of eighteen, I certify as the Parent or Guardian of minor Volunteer, that I have read, understand and agree to the foregoing, that I give my express permission for this minor to Volunteer and that I have explained and discussed the same with the minor Volunteer.

Name of Volunteer – please print

Signature of Volunteer _____

Date _____

Name of Parent or Guardian of Minor Volunteer – please print _____

Date _____

Signature of Parent or Guardian of Minor Volunteer _____

CITY OF CONCORD

This application for Volunteer assignment must be completed in its entirety and signed in order to be considered by the City of Concord.

I authorize investigation of all statements in this application as may be deemed necessary by the City of Concord, its officers or employees.

AUTHORIZATION FOR LIMITED BACKGROUND CHECK

FULL NAME: _____

ANY OTHER NAME BY WHICH YOU HAVE PREVIOUSLY BEEN KNOWN:

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

GENDER: MALE _____ FEMALE _____

CURRENT ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER THE AGE OF 18:

_____ DATE: _____

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