



VOLUNTEERS MAKE A DIFFERENCE

Thank you for your interest in becoming a volunteer for the City of Concord, Community Development Department. Volunteering is a rewarding experience that gives you a chance to meet new people, make new friends, explore new interests and make a significant contribution to your community!

Please fill out the information listed below and return this at your earliest convenience. Be sure all the information is complete as this will assist us in matching your talents and interest with a volunteer assignment. The information you provide will only be used in relation to your volunteer assignments and will not be made available to the general public.

Please print:

Date: _____ Languages Spoken: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact 1: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Student Volunteer: Instructor's Name: _____ Phone: _____

School: _____ School Address: _____

Availability: Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start Time							
End Time							

- Time available (select all that apply):**
- Mornings
 - Afternoons
 - Weekends
 - Flexible
 - Occasionally
 - Weekly
 - Monthly
 - Summer

List any volunteer and or professional experience: _____

Your skills are (select all that apply):

Computers Data Entry Office Support Research Spanish Writing

Other, please describe: _____

Agreement: By submitting this application, I certify that all statements I have made on my application are true and correct and I hereby authorize the City of Concord to investigate the accuracy to this information. I am aware that fingerprinting is required before placement in some positions. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. As a City of Concord volunteer, I give the City of Concord permission to use any photographs or videos of me during my service without obligation or compensation to me. I understand that the City of Concord reserves the right to terminate a volunteer's services at any time.

VOLUNTEER PROGRAM

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK

I voluntarily and knowingly release and hold harmless the City of Concord, its officers, employees, volunteers, agents, and any persons or entities with which/whom the City is now or in the future affiliated (collectively "the City"), from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with my involvement in the volunteer program. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or part through the passive or active negligence of the City (with the exception of sole, active negligence). I further acknowledge that this Waiver and Release From Liability/Assumption of Risk is binding on my heirs and dependants, as well as myself.

I also certify that I am not aware of any physical/health conditions that would create a likelihood of harm/injury should I participate in this Activity or any similar pursuit.

I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT, AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY, AND WITHOUT INDUCEMENT.

Signature: _____ **Date:** _____

Print Name: _____

FOR OFFICE USE ONLY

Live Scan Appointment: _____ Cleared Not Cleared **Date:** _____

National Website Check: _____ Cleared Not Cleared **Date:** _____

Volunteer Orientation Appointment: _____

Position Placement/Job Site: _____



COMMUNITY DEVELOPMENT REGISTRATION

CONFIDENTIAL

DATE: _____

PRIMARY LANGUAGE: _____

PARTICIPANT INFORMATION

LAST NAME				FIRST NAME				MIDDLE INITIAL			
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female				PLEASE CHECK ONE: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed							
MAILING ADDRESS (Including Apt./Space No.)											
CITY				STATE		ZIP CODE				BIRTHDATE	
HOME PHONE ()			CELL PHONE ()				BUSINESS PHONE ()				
NAME OF SPOUSE						E-MAIL ADDRESS					
SPECIAL NEEDS: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Hearing Impaired											

PRIMARY EMERGENCY CONTACT

LAST NAME				FIRST NAME				MIDDLE INITIAL				RELATIONSHIP			
STREET ADDRESS								CITY				ZIP			
HOME PHONE ()				CELL PHONE ()				BUSINESS PHONE ()							

SECONDARY EMERGENCY CONTACT

LAST NAME				FIRST NAME				MIDDLE INITIAL				RELATIONSHIP			
STREET ADDRESS								CITY				ZIP			
HOME PHONE ()				CELL PHONE ()				BUSINESS PHONE ()							

Signature: _____ Date: _____

FOR OFFICE USE ONLY Volunteer Program