

Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to an appointment.

<b>APPLICATION FC</b>	<b>R VOLUNTEER</b>	<b>STATUS</b>
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The City of Waynesville has a long tradition of working closely with the community to improve and expand upon the City's quality of life. To that end, it is the volunteer that offers their time, knowledge and commitment that ensures the City is able to prepare for the future of not only it's citizens, but the region as a whole.

Please fill out the application, in its entirety.

## PERSONAL INFORMATION

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Name: (Last, First, Middle Initial)					Driver	ś License No/State:
Address:				City/State/Zi	o Code	
Cell Phone:	Email:			·		
Are you over the age of 18?	Yes	No	lf no, you guardian a		npaniec	l by a parent or
Mark each department you are app	lying for:		Park Boar	d Pla	nning &	Zoning Commission
Animal Shelter	Parks D	epartme	ent	C	Other	
EMERGENCY CONTACT INFORM	IATION					
Name:			Relatio	nship		Phone:
APPLICANT BACKGROUND						
Occupation:		Highest	Level of Educ	ation:		
Please list any Boards, Committees or Governmental Office you are currently or have served on.						
Board-Committee-Governme	ntal Office		Title		Lei	ngth of Service
1						
2						
3						
Briefly explain your role and/or dut	ies on eacl	n Board	or Commit	ee you have s	erved o	on:

APPLICANT BACKGROUND cont.					
Have you ever quit or been removed from previous boards and/or committees or in any governmental					
positions in the past? Yes No					
If yes, please explain:					
WAYNESVILLE/SAINT ROBERT ANIMAL SHELTER					
If you are applying to volunteer at the Waynesville/Saint Robert Animal She the application.	elter, please fill out t	his portion of			
Describe your experience with caring for animals:					
Please check all areas of interest:					
Special Events Humane Education Office Assistar	nt Kennel St	aff			
Dog Walking Customer Service Volunteer Coo	rdinating				
Have you ever adopted from the Waynesville/Saint Robert Animal Shelter? Yes No					
If so, when? Name of pet:					
PERSONAL STATEMENT(S)					
In your own words, please describe why you are interested in becoming a Ci	ity of Waynesville v	olunteer:			
Explain how your past experience will benefit the department(s) you are app	olying for:				
List any other special skills or training you may have that you believe would benefit the Department(s) you would like to volunteer for:					
REFERENCES					
<i>Please list the names of three persons, who are not related to you that we may contact for a personal reference.</i>					
Name & Address	Cell Phone	Years Known			

CERTIFICATION OF APPLICANT – Initial each statement (if applicable) Please p	print before initialing & signing.			
General Certification				
<ol> <li>I certify that all information I have provided is true, complete and correct. I expressly authorize, without reservation, the City of Waynesville, its representatives, employees or agents to contact and obtain information from all references (personal and professional), to otherwise verify the accuracy of all information provided by me in this application and/or interview.</li> </ol>				
2. I hereby waive any and all rights and claims I may have regarding the City, its agents, employees or representatives, for seeking, gathering and using truthful non-defamatory information, in a lawful manner, in the application process and all other persons, corporations or organizations for furnishing such information about me.				
3. I understand that the City does not unlawfully discriminate and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for service on any basis prohibited by applicable, local, state or federal law.				
4. This application does not constitute an agreement or contract for employment for any specified per understand that I will serve the City on a volunteer basis only and may only be compensated for exaccordance with City policy and procedure.				
5. I understand that any information provided by me that is found to be false, incomplete or misrepr sufficient cause to (i) eliminate me from further consideration for service, or (ii) may result in my in Board or Committee I serve on, whenever it is discovered.				
6. By signing, you agree that you are volunteering or providing community service on your own beha Waynesville, its officers, employees, and agents from any and all claims, injuries, or actions (includ negligence) arising from any activities in which you participate for the City of Waynesville).	-			
Animal Shelter Volunteer				
1. Volunteering or performing community service at the Waynesville Animal Shelter is a rewarding jo we strive to make shelter a safe environment for all our guests, we ask that you observe our rules				
2. By signing, you agree that you are volunteering or providing community service on your own behalf and release Waynesville Animal Shelter, its director, officers, employees, agents, board members and City of Waynesville from any and all claims, injuries, or actions (including those of active or passive negligence) arising from any activities in which you participate for Waynesville Animal Shelter.				
3. By signing, you understand the risks and hazards inherent upon handling animals, and assume all risks of loss, damage, or injury, including death, that may be sustained while at Shelter or while performing activities for Waynesville Animal Shelter at one of its events or functions.				
4. I give my permission to Waynesville animal shelter to verify any of this information. I understand I must attend a Volunteer Orientation meeting and sign a Volunteer Agreement before I will be allowed to volunteer for Waynesville Animal Shelter.				
5. By signing, you represent that you are 18 years of age and of sound mind. If you are under 18, a pa this form as well. Volunteers and civic community service workers under 16 must be accompanied	0 0			
Applicant's Signature:	Date:			

Applicant's Printed Name:

## The City thanks you for your interested and dedication to making Waynesville a better place,

OFFICE USE ONLY				
Received by:	Reviewing Official:			
Department Assigned:				
Recommendation Approved: 🗌 Ye	No If no, explain why:			
Authorized Signature:	Date:			