



**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 Shelter, please fill out this portion of the application.

Describe your experience with caring for animals:

Please check all areas of interest:

Special Events      Humane Education      Office Assistant      Kennel Staff  
Dog Walking      Customer Service      Volunteer Coordinating

Have you ever adopted from the Waynesville/Saint Robert Animal Shelter?      Yes      No

If so, when? \_\_\_\_\_ Name of pet: \_\_\_\_\_

**YOUTH SPORTS**

If you are applying to volunteer with the Waynesville/Saint Robert Youth Sports Program, please fill out this portion of the application.

What are you applying for?      Head Coach      Assistant Coach      Team Parent

Do you have any children playing?      Yes      No

Child's Name

Sport



**Check program preference & Level**

Soccer \_\_\_\_\_ Wrestling      Volleyball      Cheerleading      Basketball      Baseball      Softball      Track

**Coaching Certification** (Babe Ruth Coach Certification or NAYS; please attach a copy of your card to application)

Level \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**Coaching Experience**

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

**PERSONAL STATEMENT(S)**

In your own words, please describe why you are interested in becoming a City of Waynesville volunteer:

Explain how your past experience will benefit the department(s) you are applying 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**

*Please list the names of three persons, who are not related to you that we may contact for a personal reference.*

Name & Address	Cell Phone	Years Known

**CERTIFICATION OF APPLICANT – Initial each statement (if applicable)**

**Please print before initialing & signing.**

**General Certification \_\_\_\_\_**

- \_\_\_\_\_ 1. 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.
- \_\_\_\_\_ 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 period or definite duration. I understand that I will serve the City on a volunteer basis only and may only be compensated for expenses incurred by me, in accordance with City policy and procedure.
- \_\_\_\_\_ 5. 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) eliminate me from further consideration for service, or (ii) may result in my immediate removal from the 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 behalf and release the City of Waynesville, its officers, employees, and agents from any and all claims, injuries, or actions (including those of active or passive 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 job, but it is not without risks. While we strive to make shelter a safe environment for all our guests, we ask that you observe our rules of safety at all times.
- \_\_\_\_\_ 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.

**Animal Shelter Volunteer cont.** \_\_\_\_\_

- \_\_\_\_\_ 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 parent or legal guardian must sign this form as well. Volunteers and civic community service workers under 16 must be accompanied by an adult at all times.

**Youth Sports Coaching** \_\_\_\_\_

**MANDATORY REQUIREMENT FOR COACHES** – All coaching applications must be completed with required documentation, as listed below, initialed and submitted to the WSR Director for inspection and approval no later than one (1) week prior to the start of their desired season.

- \_\_\_\_\_ 1. All coaches, regardless of sport and age level, will be required to consent to a background screening.
- \_\_\_\_\_ 2. All coaches who wish to participate in any sport at the age level of 5-14 years of age, must complete the concussion training at [www.headsup.cdc.gov](http://www.headsup.cdc.gov).
- \_\_\_\_\_ 3. All coaches, regardless of sport and age level, will be required to complete the Missouri Child Abuse and Neglect Mandated Reporter Training at <http://www.protectmokids.com>. Upon completion, all coaches will be required to submit a completion certificate.
- \_\_\_\_\_ 4. All coaches will be required to sign the **Coaches Code of Ethics** and will understand that by signing, any violation will result in the termination of their volunteer position.
- \_\_\_\_\_ 5. All coaches will be required to wear proper uniform shirts that are provided by WSR. Coaches will not be authorized to wear any attire at WSR functions that could be construed as vulgar, sexist, indecent, offensive, obscene or sexual in nature.
- \_\_\_\_\_ 6. All coaches will be required to attend coaches' meetings prior to the start of their season. This includes new coaches and seasoned coaches.

**\*All coaches with children participating in a sport during the corresponding season will have ONE registration fee waived.\***

- \_\_\_\_\_ 7. Volunteer Release of Liability. I understand for myself, my heirs and my personal representatives hereby assume all risk of personal injury or death from whatever causes arising, while I am participating in the WSR Youth Sports activities, which may be dangerous and risky and release the City of Waynesville, its officers, agents, lessees, invitees and employees from any liability therefore, directly or indirectly and will defend, indemnify and save harmless the City, its officers, agents, invitees and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act, including the City's own negligence. The consideration for my agreements herein is my being allowed to engage in the activity identified above.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

*The City thanks you for your interest and dedication to making Waynesville a better place.*

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Reviewing Official: \_\_\_\_\_

Department Assigned: \_\_\_\_\_

Recommendation Approved: ☐ Yes ☐ No If no, explain why: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_