

Filing Information

Date: Mo: _____ Day _____ Yr _____

Time: _____ am _____ pm

Rec'd by _____

Applicant: Do not write in this space



VOLUNTEER APPLICATION

City of Twinsburg
10075 Ravenna Road
Twinsburg, OH 44087
Website: www.mytwinsburg.com
(PLEASE PRINT CLEARLY)

Name _____ Date _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Phone (____) _____ Social Security No. _____

Position requesting: 1st choice _____ 2nd choice _____

First date available: _____ Days/Hours available: _____

Have you previously volunteered or been employed by the City of Twinsburg? _____ If yes, when and what positions(s)?

Do you possess a valid Ohio Drivers License? _____ Drivers License No. _____
Are you over the age of 21? _____ (21 is minimum age for driving a city vehicle which is not required of all jobs)

Have you been convicted of a crime in the past ten (10) years, excluding minor traffic offenses? _____

If yes, describe in detail: _____

CERTIFICATIONS, LICENSES & OTHER

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying? Please indicate expiration date of any checked items.

- CPR _____ First Aid _____ Lifeguard Training _____ Lifeguard Train. Instructor _____
- C.P.R. & First Aid Instructor _____ Water Safety Instructor _____ A.F.O. or C.P.O. _____

Other: _____

What other interests, experiences or skills do you currently possess that you feel are relevant to the position for which you are applying?

VOLUNTEER ACKNOWLEDGEMENT, RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT

I acknowledge that at all times, I am a volunteer for the City of Twinsburg and I am not acting as an employee of the City, its administrators, directors, or affiliates. I acknowledge and understand that my volunteer position is not guaranteed, nor if granted, guaranteed for any length of time and that City of Twinsburg may deny or end my volunteer opportunity at any time, for any reason, with or without prior notice.

I further acknowledge that I shall not be entitled to participate in a benefit from any employee benefit or welfare plans, including but not limited to employee health or liability insurance. I understand that the City of Twinsburg presently provides limited insurance benefits in the event I sustain any injuries or damages incident to such volunteering and that I will immediately contact the City office for proper processing instructions relative to any injury or damages.

Pursuant to my agreement to volunteer for the City of Twinsburg, I recognize that there are certain risks and possible bodily or personal injuries and damages that one may sustain through such participation, including but not limited to the following:

1. falls due to unevenness of terrains or surfaces;
2. injuries arising from sports, physical exertion, or outside activities;
3. injuries arising from lightening, heat, cold, rain or other weather related factors; and
4. any other injuries or damages I may sustain as a volunteer.

Relative to the above, **I HEREBY ASSUME ALL RISKS** associated with my volunteer activities for the City of Twinsburg, and **HEREBY RELEASE, WAIVE AND HOLD HARMLESS** on behalf of myself and those claiming by, through or under me, the City, its administrators, directors, or affiliates from all claims, damages or causes of action which I may have now or hereafter against the above identified parties, and their officers, directors, members, agents, representatives or employees, arising out of any bodily or personal injuries or damages I may sustain in connection with my volunteer activities, including any bodily or personal injuries or damages caused or alleged to be caused all or in part by myself, other volunteers, contractors or workers, **OR THE ACTIONS, FAILURE TO ACT OR NEGLIGENCE** of the City of Twinsburg and its officers, directors, members, agents, representatives and employees.

This Acknowledgement, Release, Waiver and Hold Harmless Agreement shall be binding upon me and my heirs, assigns and legal or personal representatives.

The facts set forth above in my application are true and complete. I understand that if selected, or considered, false statements on this application or during the selection process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

It is my understanding that the City will make a thorough investigation of my personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law.

I have read and understand the above.

Signature _____ Date _____

If under 18, signature of parent _____

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act prohibits discrimination on the basis of handicap or disability. The City of Twinsburg is an equal opportunity employer.