



VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _(____)_____ CELL: _(____)_____

EMAIL ADDRESS: _____

PREVIOUS VOLUNTEER EXPERIENCE: YES NO

If yes, ACTIVITY(S): _____

SOCIAL SECURITY #: _____ DATE of BIRTH: _____

VALID DRIVERS LICENSE: YES NO *A COPY MUST BE ATTACHED TO COMPLETE THIS APPLICATION*

DRIVERS LICENSE NUMBER: _____ STATE: _____

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO ANY CRIME? YES NO

If yes, DESCRIBE: _____

*I hereby authorize the City of Wildwood to conduct, by an individual, a criminal background history search, sex offender registry search, and any child abuse records. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual to the City of Wildwood and any claims and damages, including, but not limited to, claims for releasing or using any information revealed as a part of this search. **I also understand and acknowledge that false information provided on this Application by me will result in immediate disqualification from volunteering with the City of Wildwood.** I waive, release, absolve, indemnify, and agree to hold harmless the City of Wildwood, or any related facilities, coaches, volunteers, parents, officials, and others involved in city activities from any liability for events that occur while volunteering and/or participating in such activity with the City of Wildwood. In addition, all images of me can and may be used in promotional advertising for the City of Wildwood. If appointed, I understand that prior to the expiration of my term; I am subject to suspension by the City of Wildwood and removal from any volunteer position for violation of the City of Wildwood's Policies and Procedures. I also agree to comply with all City of Wildwood rules and regulations and the directions of the individual supervising such activity.*

PLEASE LIST THREE (3) NON-FAMILY REFERENCES:

NAME

BEST CONTACT NUMBER

1. _____

2. _____

3. _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Copy of Drivers License Received: _____ Staff Initials: _____

Volunteer Approved ___ Rejected ___ Reason: _____ Initials: _____