



Group City of Olathe Volunteer Application Form

Please complete all required parts of this application and then mail to:

City of Olathe
ATTN: Rosetta Smith, Volunteer Program Coordinator
100 E Santa Fe
Olathe, Kansas 66061

Use this form if you are volunteering with the City of Olathe as part of a group. Only fill out the application on this page if you are the contact person for the group. EACH member of your group DOES NOT have to fill out an application, only the contact person for the group.

***Indicates REQUIRED fields.**

Information About Your Group

*Group Name: _____
Group Federal ID Number: _____
Group Web Site URL: _____

*Group Address: _____
*City: _____
*State: _____ *Zip: _____

Have you volunteered for the City of Olathe before? IF YES, please enter the dates you served.

Yes No Dates: From: _____ To: _____

Group Sponsor / Contact Person Information (Must be at least 18 years of age)

--PRIMARY CONTACT--

*Name: _____ *Phone: _____
Other Names Used: _____ Alternate Phone: _____
*Address: _____ Email: _____
*City: _____ Preferred Method of Contact: _____
*State: _____ *Zip: _____ Preferred Contact Time: _____

--SECONDARY CONTACT--

Name: _____ *Phone: _____
Other Names Used: _____ Alternate Phone: _____
Address: _____ Email: _____
City: _____ Preferred Method of Contact: _____
State: _____ Zip: _____ Preferred Contact Time: _____

How many people are in your group (approximate): _____

Age range (youngest and oldest) of members in your group: Youngest: _____ Oldest: _____

Are any members of your group under the age of 18? Yes No

If any members of your group are under the age of 18, a permission form completed by a parent or legal guardian must be completed, signed, and brought with the individual who is under 18 when they come to the city offices to complete the application process. A completed form must be filled out for each individual under the age of 18. A link to this form is available on the Online Volunteer Application home page.

When are you available to volunteer? Check at least one, or as many as are applicable to your availability.

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Day Time |
| <input type="checkbox"/> Short Term | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Long Term | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> As Needed | <input type="checkbox"/> Specific Projects |
| <input type="checkbox"/> Once Per Week | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Once Per Month | <input type="checkbox"/> Summer Months |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> School Days |
| <input type="checkbox"/> Weekends | |

Please indicate which City of Olathe department you are interested in volunteering for.

- | | |
|--|--|
| <input type="checkbox"/> City Management | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Neighborhood and Human Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Police Department (must be 18 or older) |
| <input type="checkbox"/> Municipal Services | <input type="checkbox"/> Public Works |

Please indicate which activity you are interested in volunteering for.

- | | |
|---|--|
| <input type="checkbox"/> Adopt-a-Street | <input type="checkbox"/> Parking Enforcement |
| <input type="checkbox"/> Adopt-a-Stream | <input type="checkbox"/> Parks – Trails |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Snow Brigade |
| <input type="checkbox"/> Elderly Assistance | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Environment – Beautification | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Grants | |
| <input type="checkbox"/> Mahaffie Stagecoach Stop and Farm
Historic Site | |

Please read the following statement and indicate agreement by signing the statement.

YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION TO BECOME A CITY OF OLATHE VOLUNTEER UNLESS YOU AGREE TO THE FOLLOWING STATEMENT AND INDICATE SO BY SIGNING AND DATING THIS FORM AT THE END OF THE STATEMENT. YOU MAY BE REQUIRED TO FILL OUT ADDITIONAL DOCUMENTATION.

I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Olathe.

I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the City of Olathe will result in dismissal.

I understand that depending upon the nature of the volunteer assignment, the City of Olathe may deem it necessary to obtain a Driver's License Record and/or a Criminal Background Check on individuals volunteering for the City of Olathe. **I hereby consent to the City of Olathe to make any requests for a Driver's License Record and/or a Criminal Background Check on me. I release, relinquish, and remise the City of Olathe, its employees, agents, and representatives, from any and all causes of action or liability which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.**

I understand that my volunteer assignment with the City of Olathe may be terminated at any time. Reasons for termination may include, but are limited to, anything that might be present on my driving record or criminal background check or termination of the volunteer program.

I acknowledge that volunteer photographs may be taken for possible use in: news releases, internal publications, promotional and educational materials.

To the best of my knowledge I have answered everything on this application truthfully and have not given any information intended to deceive or commit fraud or made any false statement that might be construed as such.

Applications will be kept on file for 1 year.

Signature

Date

