



Individual 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 an individual. If you are an individual that is volunteering as a part of a group, please have your group sponsor or coordinator fill out the group application. An individual application (this form) is not needed if applying as a part of a group.

***Indicates REQUIRED fields.**

Information About You

*First Name: _____

Middle Initial: _____

*Last Name: _____

Other Names Used: _____

*Address: _____

*City: _____

*State: _____ *Zip: _____

*Phone: _____

Alternate Phone: _____

Email: _____

*Driver's License Number: _____

*Driver's License State: _____

*Social Security Number: _____

Preferred Method of Contact: _____

Preferred Contact Time: _____

Are You Over the Age of 18? Yes No

If you are under the age of 18, a permission form completed by a parent or legal guardian must be completed, signed, and be brought with you when you come to the city offices to complete the application process. A link to this form is available on the Online Volunteer Application home page.

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

Yes No Dates: From: _____ To: _____

If you have volunteered for any other organization besides the City of Olathe, please list those positions below:

Organization: _____

Address: _____

Phone: _____

Other volunteer organizations (continued):

Organization: _____

Address: _____

Phone: _____

Your Employer: _____

Occupation: _____

Phone: _____

Special Skills or Training (check all that apply):

Carpentry

Grant Research

CERT

Minor Home Repair

Clerical

Phone

Data Entry

Scanning

Excel, Word, PowerPoint

Volunteer Coordinator

Other Skills: _____

Other languages in Addition to English: _____

Please list two (2) references, other than relatives, who have known you for the past five (5) years: (fill in as much information as possible)

First Reference

Second Reference

*First Name: _____

*First Name: _____

*Last Name: _____

*Last Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

*Phone: _____

*Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

I will be afforded the opportunity to accept or decline the medical treatment and accident insurance coverage as provided by the City of Olathe's Volunteer Program for my volunteer related activity injury/illness; and that such coverage shall by my sole and exclusive remedy in the unlikely event of such injury or illness. A current Tetanus vaccination is recommended in order to perform volunteer work.

Accept Coverage

Decline Coverage

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"/> Recreation |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Snow Brigade |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Elderly Assistance | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Environment – Beautification | |
| <input type="checkbox"/> Grants | |
| <input type="checkbox"/> Mahaffie Stagecoach Stop and Farm
Historic Site | |

Have you ever been convicted of a criminal offense? A conviction will not necessarily bar participation with the City of Olathe's Volunteer program, but will be considered within the context of the entire application.

- Yes No

Are any special accommodations required? Yes No

If so, please explain: _____

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

