

Town of Monroe



Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Work Phone: _____

Employer Address: _____

Emergency Contact: _____ Phone: _____

Have you ever volunteered for the Town of Monroe? Yes No Department _____

Requested Volunteer Assignment: Town Hall Library Senior Center Food Pantry

Parks & Recreation Police Department Other _____

If you currently work, please describe your responsibilities at work: _____

List past volunteer work you have done: _____

Describe skills you have that relate to this volunteer position: _____

Please list 3 references: (include Name, Address, Phone Number and Relationship)

1. _____

2. _____

3. _____

Number of Volunteer/Community Service Hours needed? _____

Date needed by? _____

Letter of Completion needed? Yes No

Name, address and phone number of person to send Letter of Completion to: _____

Signature: _____ Date: _____

Town of Monroe



Application for Volunteers 13 - 18

Student Name: _____ **Date of Birth:** _____

Volunteer Activity: _____

My son/daughter has permission to participate in Town of Monroe programs as a volunteer. I understand that I am responsible for transportation to and from the Town of Monroe or the site where they are assigned.

My child and I both have read and understand the Code of Conduct Policy (appropriate for the assigned work site). We understand that behavior that threatens the well being of other participants or staff will result in suspension from the Town of Monroe. Smoking, the use of drugs, alcohol or being under the influence of those substances, possession of a weapon or gambling will mean immediate expulsion from the Town of Monroe Volunteer Service.

Address: _____ **Home Phone:** _____

Parent/Guardian Name: _____ **Cell Phone:** _____

Work Phone: _____ **E-Mail:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Town of Monroe



Confidentiality Agreement for Volunteers

I, _____ agree to serve as a volunteer with the Town of Monroe,
in the capacity of _____.

I understand that any client information to which I have access, either through written records, electronic communication, overheard conversations, meetings, or while conducting department business, is privileged and shall be held in strict confidence. Client information that you become aware of will be shared only with the appropriate Town staff.

Volunteer Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Department Supervisor: _____ Date: _____

Town of Monroe



Volunteer Orientation Acknowledgement Form

I agree that while serving as a volunteer for the Town of Monroe I will:

- ◆ Perform job duties as outlined in my job description
- ◆ Refrain from activities restricted by my job description
- ◆ Dress and conduct myself in a professional manner
- ◆ Follow the established rules, policies, and code of conduct
- ◆ Immediately report any emergencies to my supervisor

- Confidentiality Agreement
- Rules of Conduct/Policies
- Job Description
- Workplace Emergency Action Plan

I, _____ have received, read, and understand the above listed documents and am able to comply with them.

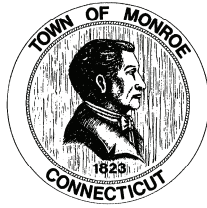
Signature

Date

Signature of Parent/Guardian

Date

Town of Monroe



TOWN OF MONROE

CRIMINAL BACKGROUND CHECK REQUEST & RELEASE FROM LIABILITY

The position for which I am applying is a _____ position.
(To be completed by Human Resources Dept.)

I understand that the position for which I am being considered requires having and maintaining a satisfactory criminal background check as a condition of my employment. I agree to allow the Town of Monroe to check my record prior to hire and to check it periodically thereafter. I further agree to report immediately to my supervisor any offenses after I am hired that may affect my employment.

I understand that the Town of Monroe will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release the Town of Monroe, its employees, and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Social Security Number

Date of Birth

Signature

Date