



# 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.**

\*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 – From (Dates): \_\_\_\_\_ To (Dates): \_\_\_\_\_

**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: \_\_\_\_\_ Preferred Contact Time: \_\_\_\_\_  
\*Zip: \_\_\_\_\_

Secondary Contact

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

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 Volunteer Release by a parent or legal guardian must be completed, signed, and brought to the city offices to complete the application process. A Volunteer Release is required for each individual in the group under the age of 18. A link to the Volunteer Release is available at [OlatheKS.org/Volunteer](http://OlatheKS.org/Volunteer).**

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

- |                |                   |
|----------------|-------------------|
| One Time       | Day Time          |
| Short Term     | Evening           |
| Long Term      | Holidays          |
| As Needed      | Specific Projects |
| Once Per Week  | Special Events    |
| Once Per Month | Summer Months     |
| Weekdays       | School Days       |
| Weekends       |                   |

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

- |                    |   |
|--------------------|---|
| City Management    | Parks                                   |
| Housing Services   | Recreation                              |
| Fire Department    | Police Department (must be 18 or older) |
| Municipal Services | Public Works                            |

Please indicate which activity you are interested in volunteering for.

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| Clerical                             | Adopt-a-Street                  |
| Housing Services for Seniors/Disable | Adopt-A-Park/Trail              |
| Grant Writing                        | Adopt-A-Stream                  |
| Mahaffie Historic Site               | Snow Brigade                    |
| Community Education                  | Special Events                  |
| Elderly Assistance                   | Special Olympics/Miracle League |
| Environment – Beautification         | Special Projects                |

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 \_\_\_\_\_

