



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.**

*First Name: _____	*Driver's License Number: _____
Middle Initial: _____	*Driver's License State: _____
*Last Name: _____	Preferred Method of Contact: _____
Other Names Used: _____	Preferred Contact Time: _____
*Address: _____	Employer: _____
*City: _____	Occupation: _____
*State: _____	Employer Phone: _____
Zip Code: _____	
*Phone: _____	
Alternate Phone: _____	
Email: _____	

Are You Over the Age of 18? Yes No

If you are under the age of 18, a Volunteer Release by a parent or legal guardian must be completed, signed, and be brought to the city offices to complete the application process. A link to the Volunteer Release is available at OlatheKS.org/Volunteer.

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

Yes No -- From (Dates): _____ To (Dates): _____

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

Organization: _____	Organization: _____
Address: _____	Address: _____
Phone: _____	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: _____	State: _____
Zip: _____	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.

- | | |
|---------------|-------------------|
| One Time | Day Time |
| Short Term | Evening |
| Long Term | Holidays |
| As Needed | Specific Projects |
| Once Per Week | Weekends |

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

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

Please indicate which activity you are interested in volunteering for.

- | | |
|------------------------|----------------------------------|
| Adopt-a-Park | Miracle League/ Special Olympics |
| Adopt-a-Street | Operation Life Line |
| Adopt-a-Stream | Parking Control |
| Boards & Committees | Recreation |
| Community Education | Snow Brigade |
| Elderly Assistance | Special Events |
| Environment | Special Projects |
| Mahaffie Historic Site | Youth Sports |

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 Yes, 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 _____

