



Volunteer Application

8200 McEwen Road • Washington Township, Ohio 45458
 (937) 433-0152 • www.washingtontwp.org

PERSONAL INFORMATION

Thank you for your interest. Please complete all questions completely. Type or Print neatly.

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Application Date</u>
<u>Present Address</u>			<u>Preferred First Name</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Email</u>
<u>Are you 18 years or older?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give date of birth		<u>Daytime Phone (8am to 5 pm)</u> ()	<u>Home Phone</u> ()

EMERGENCY CONTACT INFORMATION

<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Evening Phone</u>
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WORK EXPERIENCE

Please list your current and previous employer or school.

Are you presently employed? Check as many as apply.

Full Time
 Part Time
 Temporary
 Looking For Work
 Retired
 Student
 Unemployed

<u>Name of Employer or School</u>	<u>Job Title or School Year</u>
<u>Name of Employer or School</u>	<u>Job Title or School Year</u>

SPECIAL TRAINING, LICENSES OR CERTIFICATES

Licenses, Certificates and Registrations

Be sure to list any documentation required for the job title. (e.g. - Fire/EMS certifications, CPR/AED, Lifeguard)

<u>License/Certification Issued By</u>	<u>Field/Trade/Specialization</u>	<u>License/Certificate Number</u>	<u>Expires</u>

VOLUNTEER EXPERIENCE

Please list your current or most recent volunteer position, if applicable.

<u>Name of Organization, Contact Name and Phone Number</u>	<u>Dates Volunteered (Month/Year)</u>
<u>Responsibilities</u>	

REFERENCES

Please list two people that we may contact.

<u>Name</u>	<u>Phone Number</u>
<u>Name</u>	<u>Phone Number</u>

VOLUNTEER STATEMENT

I certify that the information provided in this Volunteer Application is true, correct, and complete. I understand that any information provided by me that is found to be false, incomplete, or inaccurate in any respect, may be sufficient cause to disqualify me to serve as a volunteer for Washington Township.

I expressly authorize, without reservation, Washington Township, or its representatives to contact and obtain information about me or to otherwise verify the accuracy of the information provided by me in this application. I hereby waive any claims of any type and nature which I may have against Washington Township, its elected officials, agents, and employees for seeking, gathering, or using such information in consideration of my services as a volunteer for Washington Township.

If selected as a volunteer for Washington Township, I hereby acknowledge that I may be requested to be fingerprinted and to complete the necessary forms to permit Washington Township or its representative to obtain a copy of my driving record from any state which has issued a driver's license to me.

I hereby acknowledge that I understand that I am not applying for employment with Washington Township and that the acceptance of my application to volunteer for Washington Township does not and will not result in any type of an employment relationship with Washington Township. I further acknowledge that my services as a volunteer for Washington Township can be terminated at any time by myself or by Washington Township for no reason.

I further acknowledge that this application as well as all information acquired by Washington Township regarding my services as a volunteer is subject to disclosure under the Ohio Public Records Act.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE VOLUNTEER STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____ Date _____

I authorize any reference, school, former employer or other person to disclose to Washington Township, upon request, any information they may have about me and I release them from all liability for disclosing such information they may have about me and I release them from all liability for disclosing such information to Washington Township.

Signature _____ Date _____

Signature of Parent/Guardian (If applicant is a minor) _____ Date _____



NOTICE OF RIGHT TO REQUEST FINGERPRINTING OR CRIMINAL BACKGROUND CHECK OF VOLUNTEERS

Section 109.575 of the Ohio Revised Code requires that Washington Township inform you at the time of your initial application to be a volunteer with Washington Township that you might be required to provide a set of impressions of your fingerprints and that you are subject to a criminal background check in the event you are volunteering for a position in which you will have unsupervised access to a child on a regular basis.

By volunteering to assist with activities at Washington Township which may result in your unsupervised access to children under the age of eighteen, Washington Township may, at any time, request that you provide an impression of your fingerprints, with or without justification or explanation, and Washington Township may initiate a criminal background check of you, without your knowledge, with or without justification or explanation.

If a request is made of you to provide an impression of your fingerprints or to provide information necessary to conduct a criminal background check of you and you fail or refuse to do so, your services as a volunteer for Washington Township will be terminated.

Please sign this form to acknowledge its receipt by you. If you should have any questions regarding the information in this Notice, you should consult legal counsel of your choice.

Name (Print Your First, Middle and Last Name)	Previous Name(s)	
Street Address	City	Zip
Volunteer Signature	Date	
Social Security Number	Email Address	

If applicant is a MINOR – This section must be completed by the Parent/Guardian at the time of fingerprinting.

Parent/Guardian Printed Name	
Parent/Guardian Signature	Date