



CITY OF UNALASKA VOLUNTEER APPLICATION

Department of Administration PO Box 610 Unalaska, AK 99685
PH: 907-581-1252, Email: hr@ci.unalaska.ak.us

Applicant Information

Name (Last, First, Middle):

Under 18 years of age?

Y ☐ or N ☐

If under 18 complete
parent/guardian sections

Address:

City, State, Zip:

Cell Phone:

Home Phone:

Parent/Guardian Phone:

Email:

Last 4 SSN #:

Driver's License State:

D.L. Expiration:

Previously employed by the City of Unalaska? ☐ Yes ☐ No
If yes, what was your title?

Have you been convicted of a crime of any felony or misdemeanor offense(s) by any State or Federal court, excluding traffic violations? If yes, list where, when and the crime.

Include any past or current City volunteer positions

A conviction will not necessarily disqualify an applicant

Note: A background check may be required if volunteering with youth, at risk individuals, or in safety/information sensitive departments

Are you related to any current City of Unalaska employees? Yes ☐, name and relationship to you _____, No ☐

Volunteering Preference

Department Name (separate applications are required for each department):

Length of time you plan to volunteer (date): Starting: _____ Ending: _____

VOLUNTEER AVAILBLITY

Number of Days Per Week: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Days you are available to do volunteer work? ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

What times are you available? Morning: _____ Afternoon: _____ Evening: _____

Hours per day: _____

Please list any experience relevant to volunteering, special skills or qualifications related to this department?

How did you hear about this?

Why are you interested in volunteering for the City of Unalaska?

Education				
School	Name & Location	Did you graduate?	If yes, date of graduation	Degree received/ Major
High School:				
GED:				
Vocational/Tech/ Business				
College				

PERMISSION TO CONDUCT A BACKGROUND CHECK

Purpose: To ensure safety and wellbeing of participants to include but not limited to youth, children, and vulnerable adults as well as staff and any confidential information that may be obtained as a volunteer.

Confidentiality: To protect the privacy of the volunteer, the screening process results will not be disclosed outside of the Human Resource Department, except on a "need to know" basis with the Department or City agencies i.e. City Attorney, Risk Management, Police. Consent/Release form will be kept in a secure location.

I understand and I hereby authorize the City to conduct a criminal background and history records check where required by law. I understand this is criminal history check is being conducted due to the nature of the training and or the department for which I am seeking to volunteer.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

VOLUNTEER CODE OF CONDUCT

- § As a volunteer I will perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.
- § As a volunteer I will not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received specific authorization to use from my supervisor.
- § As a volunteer I will strictly observe all safety rules and use care in the performance of my assigned tasks.
- § As a volunteer I will treat everyone with respect, patience, integrity, courtesy, and dignity.
- § Subject to all workplace rules and regulations of the City of Unalaska.

Signature(s)

I understand that I am volunteering at the City of Unalaska of my own free will and on my own free time. Therefore, I certify that the information I have entered on this form is true and complete to the best of my knowledge, and have read and agree to the adhere to the Volunteer Code of Conduct and all policies, procedures and guidelines set forth by the City of Unalaska.

Signature of Applicant: _____ Date: _____

Volunteer Waiver and Release

I, _____, on behalf of myself and my heirs, administrators, executors and
(Please print name)

assigns ("Releasers"), hereby covenant and agree that Releasers will never institute and demand, claim or file suit against the City of Unalaska ("City") or any of its employees agents, attorneys, insurers or successors in interest of the City for any loss, damage, death or injury to Releasers' person or property of any nature which may occur from any cause whatsoever as a result of Releasers' volunteer activities in or around any City facility or property or while riding in a City vehicle.

By signing this agreement, Releasers acknowledge that they are forever voluntarily and knowingly waiving the rights of Releasers, their heirs, administrators, executors and assign to seek compensation from the City for any and all injuries or death to persons or property that may be sustained as result of Releasers' volunteer activities in or around any City Facility or property or while riding in a City vehicle.

These include any injuries resulting from the risks inherent to Releasers' participation in a variety of activities which may be required to fulfill the assignment for which Releaser is volunteering.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Photo Release

On occasion, the City of Unalaska may take photos in its programs or in its facilities. Please be aware that these photos are for the City use only and may be used in future catalogs, brochures, pamphlets, flyers on the City website, or other means deemed appropriate. By signing below I authorize the use of the photo(s) of myself by the City of Unalaska for the above stated reasons in current and future media formats.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

For Administrative Use Only:

Accepted by: _____ Date: _____

Background Check:	Complete	NA
Department Paperwork:	Complete	NA
Final Approval:	Approved	Denied
Rehirable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No