



# CITY OF BOX ELDER VOLUNTEER APPLICATION

Please complete thoroughly. Type or print legibly in ink and return by mail, fax or email to:

City of Box Elder  
Marketing & Events Director  
420 Villa Dr. Box Elder, SD 57719  
Email: [humanresources@boxelder.us](mailto:humanresources@boxelder.us)

Today's Date (mm/dd/yy):		Date available to begin volunteering (mm/dd/yy):	
<b>PERSONAL INFORMATION</b>			
Last Name, First Name, Middle Name:			
Other names used on official records (maiden, alias, etc.):			
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Birth (mm/dd/yyyy):	
Present Address (include City, State, Zip):			
Home Phone #: (      )		Alternate Phone # (      )	
E-mail:			
Are you a current or former employee of the City of Box Elder? <input type="checkbox"/> YES <input type="checkbox"/> NO		If 'Yes', please provide the following:	
Dates of Employment:		Position/Department:	
Reason for Leaving:			
Have you ever been charged with or have charges pending for an offense that resulted in a conviction, probation, community supervision or deferred adjudication? ( <b>NOTE:</b> This includes DWI, DUI, driving while license suspended, reckless driving and other charges related to driving.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If 'Yes', please provide the following information: (If more room is needed, provide on back or attach additional pages)			
Date (mm/dd/yy)	Nature of Offense	Name of Court	Disposition of Case
<b>IMPORTANT:</b> A conviction record will not necessarily bar you from volunteer work. Factors such as nature of offense, date, and relationship between the offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar future volunteer work.			
<b>In Case of Emergency, Contact the Following:</b>			
Emergency Contact Name:		Primary Phone:	
Relationship:		Alternate Phone:	

## VOLUNTEER INFORMATION

How did you find out about the City of Box Elder's Volunteer Program?

Have you volunteered for the City of Box Elder before? ☐ Yes ☐ No If 'Yes', when & where?

Are you interested in one or more volunteer positions currently posted on the website? ☐ Yes ☐ No

If 'Yes', please specify:

If 'No', please tell us your area of interest:

Are you volunteering with a group or organization? ☐ Yes ☐ No List group/organization name:

Are you interested in volunteering for a specific City of Box Elder event? ☐ Yes ☐ No List event name & date(s) below:

Event Name:

Date(s) of Event:

Please specify the date(s), days (Monday-Sunday) and hours you are available to volunteer:

When can you begin volunteer work?

Do you have a certain number of hours that you need to complete? ☐ Yes ☐ No If 'Yes', how many hours?

Do you have a deadline in which to complete your volunteer work? ☐ Yes ☐ No If 'Yes', by what date?

Based on your understanding of the Volunteer Program and your areas of interest, will you require a reasonable accommodation to participate as a volunteer? ☐ Yes ☐ No

If 'Yes', what reasonable accommodations would be needed to assist you in this area?

## ADDITIONAL INFORMATION

Are you related to any current City of Box Elder employee? ☐ YES ☐ NO

If 'Yes', please provide name, department and relationship:

## VOLUNTEER ACKNOWLEDGEMENT

The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the City of Box Elder. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Box Elder or immediate release from volunteer work.

I understand that a criminal history check will be administered as well as verification of any information provided as part of the volunteer process, such as reference checks, etc.

By signing below, I certify that I have read and agree with these statements.

**Note:** You may mail or e-mail the application; however, a handwritten signature is required.

Volunteer Signature

Date

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Printed Name

## VOLUNTEER AGREEMENT AND WAIVER OF LIABILITY

I voluntarily assume full responsibility for any risk of loss, property damage or personal injury that may be sustained by me while acting as a volunteer for the City of Box Elder.

**FOR MYSELF, MY HEIRS, ASSIGNS, REPRESENTATIVES AND ANYONE ELSE CLAIMING ON BEHALF OF OR THROUGH ME, I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CITY, AND ITS OFFICERS, ELECTED OFFICIALS, AGENTS OR EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION (INCLUDING CLAIMS FOR COURT COSTS AND ATTORNEY'S FEES) WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF THE CITY OR OTHERWISE, WHILE VOLUNTEERING, OR WHILE IN, ON OR UPON ANY CITY PREMISES. I FULLY UNDERSTAND THAT WORKER'S COMPENSATION INSURANCE DOES NOT INSURE ME AND HEREBY WAIVE ALL CLAIMS OR CAUSES OF ACTION FOR PHYSICAL INJURY OR ILLNESS THAT MAY ACCRUE BY VIRTUE OF MY SERVICE TO AND FOR THE CITY OF BOX ELDER. \_\_\_\_\_ Initial**

In the event that I am placed as a volunteer with the City of Box Elder, I understand that I will be required to comply with all of the City's rules, policies and regulations.

I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the City of Box Elder has the right to terminate my services as volunteer at any time, with or without notice. \_\_\_\_\_ Initial

I specifically acknowledge that:

- I shall receive no compensation whatsoever for performing work for and on behalf of the City. All activities observed, undertaken or performed by me shall be performed without promise, expectation or receipt of compensation for services rendered and without expectation, promise, or representation, expressed or implied, of employment with the City of Box Elder.
- During my service for and on behalf of the City I may be privy to confidential and sensitive information. I understand and agree that privileged and confidential information shall not be repeated, disseminated or disclosed by me in any manner and that if I breach the confidentiality of the City, my services as a volunteer will be terminated, and that I may be subject to civil and/or criminal sanctions.
- I understand that I may be required to submit to and successfully pass a background check and/or drug test by a physician and laboratory selected by and at the expense of the City of Box Elder in case of serious accident, injury or death related to my service as a volunteer.
- Volunteers under the age of 18 will be required to have a parent or legal guardian complete an "Agreement for a Minor to Serve/Background Check Consent" Form.

By signing below, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducement, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this agreement for full, adequate and complete consideration fully intending to be bound by the same.

Volunteer Signature

Date

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Printed Name