



# City of Rocky River, Ohio

21012 Hilliard Boulevard Rocky River, Ohio 44116

Phone: 440-331-0600 Website: [www.rrcity.com](http://www.rrcity.com)

## APPLICATION FOR VOLUNTEER

The City of Rocky River provides equal opportunities without regard to race, color, religion, sex, age, national origin, disability, military or citizenship status, genetic information, or any other legally protected status.

INSTRUCTIONS: 1) Complete the application entirely and answer every question fully; 2) Do not use "refer to resume"; and 3) Sign and date the application.

### PERSONAL INFORMATION

Last Name		First Name		Middle Initial	Phone – Day
Address		City	State	Zip	Phone – Evening
Other Last Names Used		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell Phone
Have you previously filed an application with us? If yes, date		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed with us? If yes, date	

### VOLUNTEER POSITION INTEREST:

Recreational Sport/City Event/City Activity Applying For:

Availability  Weekdays  Weekends  Mornings  Afternoons  Evenings  Flexible Date Available

### EMPLOYMENT HISTORY

List employers, most recent employer first, for at least 10 years if applicable. Include job-related military service assignments and volunteer activities.

Name of Employer	Position	Start Date	End Date
Employer Address			
Name of Employer	Position	Start Date	End Date
Employer Address			
Name of Employer	Position	Start Date	End Date
Employer Address			

**EDUCATION/TECHNICAL SKILLS & LICENSES**

	Name of School, City & State	Course of Study	Yrs. Completed	Diploma/Degree or Major
High School				
Business/Technical Or Undergraduate				
Graduate School/ Other				

Professional Certifications	Do you have a valid Ohio driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    License No.: _____
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Describe specialized training, apprenticeships, skills, and extra-curricular activities related to your volunteer interests.

**REFERENCES**

Please list the names, addresses and telephone numbers of at least 3 references, **but neither relatives nor former employers.**

Name	Address	Telephone Number

**EMERGENCY CONTACT**

Last Name:	First Name:
Address:	City, State, Zip:
Telephone:	Relationship:

**APPLICANT AUTHORIZATION AND UNDERSTANDING**

I hereby authorize an investigation of my references, work record, education and other matters related to my suitability for volunteer work, such as criminal convictions or driving record, and further authorize my present employer or any former employer and the references I have listed, to disclose to the City or its agents any and all documents and other information related to my work records, except those which would indicate race, color, religion, sex, age, national origin, disability, military or citizenship status, or genetic information without giving me prior notice of such disclosure. And, I hereby release the City, its agents, my former employers, and all others for any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. It is understood information or records regarding criminal convictions may be considered as they relate to qualifications for the volunteer position for which you applied. Initial here \_\_\_\_\_

I understand that this application is considered current for 6 months. If I wish to be considered for volunteer work after this period, I must fill out and submit a new application. I am aware that this application is a "Public Record" and will be handled in accordance with Ohio Public Records Law ORC 149.43. I further understand that this application will become part of my official record. Initial here \_\_\_\_\_

I understand that the City of Rocky River is not obligated to assign me. If assigned, I agree to conform to the City's policies and procedures. Nothing in this application, or in any conversation or statement, is intended to create any contract of employment. Initial here \_\_\_\_\_

I certify that all statements made in this application are true and correct to the best of my knowledge. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to assign me. I have read and understand the above information. Initial here \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_