



**City of Xenia
Volunteer Application**

**Thank you for your interest in our volunteer program. The City of Xenia believes
volunteer participation contributes to the quality of life in our community.**

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

E-mail Address: _____ Fax: _____

Have you served as a volunteer with us before? No Yes If yes, what year? _____

Education (check all that apply):

- High school graduate or GED
- Associate's Degree School/Major: _____
- Bachelor's Degree School/Major: _____
- Master's Degree School/Major: _____

Employment Information:

Please provide information for your two most recent employers.

Employer's Name: _____ Occupation: _____

Phone Number: _____ Fax Number: _____

Responsibilities: _____

Employer's Name: _____ Occupation: _____

Phone Number: _____ Fax Number: _____

Responsibilities: _____

Volunteer Experience:

Please provide information for your two most recent volunteer experiences.

Agency Name: _____ Volunteer Dates: _____

Phone Number: _____ Fax Number: _____

Responsibilities: _____

Agency Name: _____ Volunteer Dates: _____

Phone Number: _____ Fax Number: _____

Responsibilities: _____

Skills/Interests:

- | | | |
|---|--|--|
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Parking Enforcement |
| <input type="checkbox"/> Computer Operation | <input type="checkbox"/> Board/Commission | <input type="checkbox"/> Telephone Contact |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Law/Research | <input type="checkbox"/> Website Updates |
| <input type="checkbox"/> Parks/Nature | <input type="checkbox"/> Recreation | |

References:

Please provide two references other than relatives.

Name: _____ Phone Number: _____

E-mail address: _____

Name: _____ Phone Number: _____

E-mail address: _____

List the reasons why you would like to become a volunteer: _____

How did you learn about our program? _____

Please check the times you are usually available for a volunteer assignment:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the statements made on this application are true and correct and have been provided voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Xenia from any liability whatsoever for supplying such information. I understand I will not be paid for my services as a volunteer. I also understand that completing this application does not necessarily guarantee a position of volunteer service.

Applicant's Signature

Date

Please submit completed form to:

***Jackie Potter
Human Resources Director
City of Xenia
101 N. Detroit Street
Xenia, Ohio 45385***

AUTHORITY TO RELEASE INFORMATION

I, _____, hereby authorize the City of Xenia, Ohio, to make or cause to be made, an investigation attended to my volunteer application.

I hereby further authorize any previous employer, individual, company, or institution to furnish the City of Xenia, Ohio any information concerning my employment or relationship, and do hereby release the individual, company or institution involved in furnishing such information from liability or damages resulting therefrom.

I hereby further authorize any police or law enforcement agency (local, state or federal) to release to the City of Xenia, Ohio, any information in their files thh may be releasable by law, and I do hereby release the police or law enforcement agency and all individuals concerned therewith, from all liability for any damage whatsoever incurred in furnishing such information.

Date _____ Signature _____

Address _____

Date of Birth _____ Social Security Number _____
(For identification purposes only)

Driver's License Number _____ Issuing State _____

