



Community Development Homeless Program

VOLUNTEER APPLICATION

Hello! Thank you for applying to volunteer with the Shawnee Homeless Program, working to put an end to homelessness. Volunteers are the backbone of our program. Please fill out this form and return to Erika Genty, Homeless Program Coordinator. You may email it to Erika.Genty@shawneeok.org, text a picture of it to (405)287-1777, or drop it by the office City Hall, located at 16 W. 9th St, Shawnee, OK, 74801. Please be advised that, since we work with a vulnerable population, we require a criminal background check.

A BIT ABOUT YOU

First Name: _____ Last Name; _____

Address: _____

Phone: _____ Email: _____

WHAT ARE YOU INTERESTED IN?

- Administrative/office
- Advocacy
- SHOP (Shawnee Homeless Outreach Program)
- Job Search/Interview Skills
- Resource Center
- Letter Writing
- Special Projects
- Other _____

MORE ABOUT YOU

Why are you interested in this position?

Have you worked with the homeless population before?

PERTINENT EXPERIENCE

What experience do you have that would be helpful in this position?

Do you have any additional skills?

AVAILABILITY

What days and times will you be available?

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Anything else you want us to know about you?

T-shirt size _____

REFERENCES

Name: _____
Email: _____

Name: _____
Email: _____

LEGAL STUFF

Please read and acknowledge before signing.

- Services are provided in a nondiscriminatory manner, without regard to age, race, religion, national origin, sex, disability, sexual orientation, veteran status, or other factors.
- I certify that my answers are true and complete to the best of my knowledge. If this application leads to volunteer service, I understand that false or misleading information in my application or interview may result in my volunteer service being terminated.
- I understand that this volunteer position is unpaid and does not entitle me to a full-time paid job with the Homeless Program or the City of Shawnee and I will not be provided with any benefits traditionally associated with employment.

Printed Name

Signature

Date

Received



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases the City of Shawnee, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for the City of Shawnee and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with the City of Shawnee is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the City of Shawnee will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to the City of Shawnee.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless the City of Shawnee and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to City of Shawnee. I understand and acknowledge that this Release discharges City of Shawnee from any liability or claim that I may have against City of Shawnee with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to City of Shawnee or occurring while I am providing volunteer services.
2. Insurance: Further I understand that City of Shawnee does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of City of Shawnee in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge City of Shawnee from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with City of Shawnee.
4. Assumption of Risk: I understand that the services I provide to City of Shawnee may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from such activities and Release City of Shawnee from all liability.
5. Photographic Release: I grant and convey to City of Shawnee all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by City of Shawnee in connection with my providing volunteer services to City of Shawnee.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oklahoma. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date

CITY OF SHAWNEE

HUMAN RESOURCES DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any representative of the City of Shawnee, Oklahoma Human Resources Department, bearing this release, or a Photostatic copy thereof, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records, and background investigations. I hereby direct you to release such information upon request of the City of Shawnee.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

In the event that I am applying for a safety sensitive position under the Department of Transportation Regulations, I hereby authorize the Designated Employer Representative (DER) of the City of Shawnee, bearing this release, or a photostatic copy thereof, within one (1) year of its date, to obtain any information from your files pertaining to my employment records for the last three years including, but not limited to, any history related to, alcohol tests with a result of 0.04 or higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and with respect to any violated a DOT drug and alcohol regulation, documentation of my successful completion of DOT return-to-duty requirements (including follow-up tests).

I hereby direct you to release such information upon request of the DER for and of City of Shawnee.

A copy of this authority to release will be as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Shawnee, Human Resources Department.

By marking, I agree to the above. Date: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

Current Address: _____

CITY: _____ STATE: _____ ZIP: _____

Day Phone _____ Eve phone _____ Cell Phone _____ Alt Phone _____

Driver's Lic. No. _____ State Issued from _____

Birth date _____ SS Number _____