

Address:

Name:

Email:

CITY OF LAPEER

VOLUNTEER / COMMUNITY SERVICE APPLICATION

Office Use Only:	
Dept:	HRS WKD:
Date(s):	
Project:	

Phone #: ______

Date of Birth:

Driver's License #:

The information asked on this form is needed to initiate the applicant review process determining eligibility for volunteer service with the City of Lapeer. The data will be used by the City only for that purpose. All statements will be subject to verification. Eligibility for volunteer service with the City is considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, sexual orientation, disability or any other legally protected status. By volunteering, you are offering your skills and abilities to enhance the delivery of the City's services to the community. Volunteers are partners in building a community you can be proud of. Thank you for your interest to become a volunteer for the City of Lapeer.

If you are under the age of 18, you must provide written parental consent with contact information to verify consent.

•		, piease provide a ii	Si containing conta	ict person and	u iist or volunteers.	
EMERGENCY Name:	CONTACT:			Phone #:		
Are you comple	-	organization require		·	YES 🗌	NO 🗌
Do you give p departments wi Are you require	ermission for yo thin the City of Land to volunteer as	our name and perso	onal information to red Community Serv	ice?	a list to receive con YES N YES N YES N	0
•	utstanding? YI d "yes" to any of t	ES NO \tag{\text{\tin}\text{\tetx{\text{\texi}\text{\text{\text{\text{\tetx{\texi}\text{\text{\texi}\text{\texi}\text{\text{\text{\text{\ti}\}\tittt{\text{\texi}\text{\text{\texit{\text{\texi}}}\t		ole or Probations, charges, dis		0 🗆
If you are on Pa	arole or Probation	n, list the Parole or P	robation Officer's na	me and teleph	one number:	
What are the da	ates for availabili	ty?				
		available for volunt				
MON	TUES	WED	THUR	FRI	SAT	SUN
What are your	areas of interest?		-			
Do you have a	specific project ir	n mind? If so, what is	s it? (Be specific as	possible and i	nclude your interest a	and skill level.)
Do you have th	e mental, emotio	nal, and physical abi	lity to carry out the v	olunteer duties	s for which you have YES \[\] N	
automatically rechange in this in the City may ter the City in connecting the City in connecting exchange for release the City. "the City"), from arising out of or volunteer work to been made. It arising out of contentional acts.	evoke that status of formation. I authorized my service ection with my volume my being acceptits commissioned any and all claim relating to my volume to defend, in relating to my relating to my relating to my	if discovered subsequence the City to condition any time for any unteer/community seres at any time for any unteer/community seres at any time for any unteer/community seres as a volunteer for so, officers, directors, one, actions, remedies of ounteer work for the colunteer work for the volunteer work with	quent to having been uct a criminal and/or reason. I understand vice. BILITY AND INDEMN or the City of Lapeer employees, agents, v and complaints which City. I recognize and to be a guarantor of armless the City from the City, whether my	accepted as a driving record in that I may not of that I may not of that I may not of the IITY AGREEM! ("City") and other of the IITY and accept on my my safety at all any and all clay claims or care	ineligible for City vol a volunteer. I will info nvestigation. I underst drive a private or City ENT**** her valuable considera all others acting on its y in the future have, I own behalf all risks I times and that no such aims and costs, includ- uses of action arise	rm the City of any and and agree that wehicle on behalf of ation, I hereby fully behalf (collectively known or unknown; associated with the ch guarantees have ing attorney's fees, from negligence or
Signature:				Date:		
Return this for	m to: City Man	ager's Office, 576 L	iberty Park, Lapee	, MI 48446		

EXPECTATIONS AND OBLIGATIONS:

The following is a list of behaviors the City expects volunteers and a list of obligation the City has toward volunteers in providing a respectful and productive work environment.

EXPECTATIONS OF VOLUNTEERS	OBLIGATIONS OF THE CITY
 Volunteers will not discriminate against any other volunteer, citizen or employee. For example, a volunteer may not refuse service to a citizen on the basis of age, sex, race, creed, color, national origin, sexual orientation, or the presence of any physical, mental or sensory disability. 	 Provide a work environment free of discrimination on the basis of age, sex, race creed, color, national origin, sexual orientation or the presence of any physical mental or sensory disability.
2. If the volunteer has a disability that is preventing the volunteer from effective volunteerism, the volunteer is urged to inform the City Manager's office of the disability and work with staff to see if some accommodation can be made.	The City will make an effort to reasonably accommodate a volunteer with a disability.
 3. Volunteers will not participate in any harassing behavior including, but not limited to: a. Epithets, slurs, negative stereotyping or threatening, intimidating, or hospital acts. b. Written or graphic material displayed, possessed, or circulated in any City workplace (including vehicles) that denigrates or shows hostility or aversion toward any individual or group. c. Intimidating, hostile, derogatory, contemptuous or otherwise offensive conduct or remarks. d. Retaliatory behavior such as making slanderous or libelous statements, withholding communications, information of resources. 	Communicate to volunteers the City's expectations of volunteers and the City's obligations to volunteers.
4. Report any acts of discrimination or harassment the volunteer has been subject to or has observed, or that has been reported to the volunteer, to the City Manager.	 Upon any report of harassment of discrimination, the City will investigate such reports and take appropriate action.
5. Will not contribute or pass along rumors or confidential information.	All complaints will be kept confidential to the extent possible.
6. Perform volunteer duties in a safe manner. In the event the volunteer is injured or becomes ill as a result of the volunteer work, the volunteer is to report this to the City Manager's office.	Assist the volunteer in receiving necessary medical attention.
OFFICE USE ONLY: Department Head or Supervisor. Dates Worked: List work/project completed:	# of hours completed: