

IREDELL COUNTY VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP CODE** _____

DATE OF BIRTH (if under age 21): _____ **HOME PHONE:** _____

WORK PHONE: _____ **OTHER PHONE:** _____

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Are you applying to volunteer in order to fulfill a service requirement? Yes/No

If yes, please list the school or organization: _____

Please indicate your availability (days, seasons, hours, etc.): _____

Have you ever been convicted of a felony or Class A misdemeanor? Yes/No

If yes, please explain: _____

Do you have any physical or medical limitations, which may interfere with your ability to carry out assignments? Yes/No

If yes, please explain: _____

Please provide the names of people that we may contact in an emergency:

1. **Name** _____ **Phone Number** _____

Relationship _____ **Alternate Phone Number** _____

2. **Name** _____ **Phone Number** _____

Relationship _____ **Alternate Phone Number** _____

After receiving your application, a County representative will contact you with additional information regarding your volunteerism. Some programs may require background checks and/or additional information. Applicant consents to such checks as the County in its discretion may require.

REQUIRED IF UNDER 18 YEARS OF AGE

I certify that my son/daughter is fully capable of participating as a volunteer and has my permission to be assigned. I have also read and understand the volunteer policy listed below.

Signature of Parent/Guardian _____ Date _____

VOLUNTEER POLICY (please read and understand the following):

Iredell County can not guarantee placement. The County will, however, make every effort to match volunteer applicants to volunteer opportunities.

Iredell County reserves the right to reject a candidate for any reason which the County, in its sole judgment, determines will or may affect the best interests of the County. Furthermore, Iredell County reserves the right to withhold the reason(s) for such refusal.

Some volunteer activities are inherently dangerous, or may involve the use of equipment or facilities which could be dangerous. No assurance is provided that volunteers will not be exposed to danger.

Iredell County accepts the service of all volunteers with the understanding that such service is at the discretion of the County. Volunteers agree that the County may at any time, for whatever reason, decide to terminate the volunteer's relationship with the County.

Volunteers may at any time, for whatever reason, decide to sever the volunteer's relationship with the County. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

EMERGENCY RELEASE WAIVER

The undersigned volunteer, or parent/guardian of _____, hereby authorize Iredell County to provide and render necessary medical care and treatment of the aforesaid volunteer or minor child, of any illness or injury, which may be suffered at any time while in its custody. It is understood that time permitting, specific permission of the parent/guardian will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent authorizes the County to secure recommended treatment in such event. Also, I (we) hereby accept responsibility for any accident which may occur in connection with this activity, hold harmless the County of Iredell, and all other parties involved in the promotion and/or conducting of the above activity. As well, I (we) understand that Iredell County provides NO medical insurance coverage or Workers Compensation for this volunteer activity. I give permission for myself and/or my child to be photographed while participating and/or attending an activity. I understand that photos may be used in future publicity.

Signature of Applicant (or Parent/Guardian if under 18)

Date _____