



**The Community Partnership**

1101 Hauck Drive  
Rolla MO 65401  
573.368.2849  
Fax: 573.368.3911

**VOLUNTEER APPLICATION**

Today's Date: \_\_\_\_\_

**A copy of a valid government issued photo identification must be attached to complete this application.**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Month and Day of Birth: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever been convicted of or plead guilty to a crime:  Yes  No

If yes describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that would effect the capacity in which you could serve as a volunteer, such as lifting, standing, sitting:  Yes  No

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. General Guidelines of Volunteering with The Community Partnership:

- The Partnership shall use the services of volunteers to:
  1. Supplement the efforts of paid Partnership staff in meeting demands for quality public service.
  2. Use the services of volunteers to supplement and not replace the work done by The Partnership staff.
  3. To offer volunteer opportunities in the community for involved citizens.
  
- The Partnership will not provide any medical, health, accident or worker’s compensation benefits for any volunteer. Volunteers will not be eligible to receive any worker’s compensation benefits for any injuries sustained while functioning as a volunteer.
  
- Prior to engaging in any volunteer activity, each volunteer will be required to submit a volunteer application form. Only after approval by the staff of The Partnership will they be allowed to start their volunteer service.
  
- Volunteers are not allowed, nor will they be reimbursed for any purchases made on behalf of The Partnership without prior approval.
  
- Volunteers will get prior approval and supply The Partnership proof of liability insurance for any use of his or her own vehicle for Partnership business. When a volunteer is to use his or her own vehicle for Partnership business, the volunteer will be paid at the mileage allowance in accordance with the rate paid to staff. This does not include driving to and from The Partnership location.
  
- The Partnership is committed to providing a safe work environment for all staff and volunteers and in turn requires that all volunteer accept their responsibility to work safely. All volunteers are required to sign in at the front desk to indicate their presence in the building. This is especially important in the case of an emergency.
  
- Smoking is not permitted in any of the Partnership locations.

- The Partnership desires that it be a safe and secure place for all children, youth and adults. The Partnership has a zero tolerance for abuse. It is the responsibility of every staff person and volunteer to participate in the effort to create a safe environment for everyone. The Partnership follows the Two Person Rule, which requires two unrelated, responsible persons, to be present during any activity involving children or youth. If you see or suspect inappropriate interaction with or between individuals, it is your responsibility to report the inappropriate interact to the designated Partnership representative.
- The Partnership may take photographs, video and/or audio of me and my minor children in connection with my service to The Partnership. I authorize The Partnership, it assigns and transferees' to copyright, use and publish the same in print and/or electronically. I agree that the Partnership may use such photographs, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

CERTIFICATION AND RELEASE: I certify that I have read and understand the volunteer application and the general guidelines for volunteering with The Community Partnership. The answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations for facts called for in this application may result in rejection of my application or discharge at any time during my volunteer service. I authorize the company and/or its agent, including consumer-reporting bureaus to verify any of this information. I also understand that the use of illegal drugs or alcohol is prohibited at all times. I certify I have read and will comply with all procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature, parent or guardian (if under age 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed name, parent or guardian (if under age 18)

Date \_\_\_\_\_