



VOLUNTEER APPLICATION

Date: _____

Legal Name: _____

Business Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Social Security Number: _____ Birthdate: _____

Driver's License Number & State of Issue: _____

Emergency Contact: Name: _____ Phone #: _____

Describe nature of volunteer activities with the City of Robins/Robins Civic Club:

List all convictions for violation of any Municipal Code or State or Federal Law other than simple traffic misdemeanor offenses:

| Offense | Date | City/State | Disposition |
|---------|------|------------|-------------|
| | | | |
| | | | |
| | | | |

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that all information supplied above is true and correct and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of involvement or discharge from this volunteer program.

I authorize the City of Robins to (i) conduct criminal background checks as necessary and (ii) receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws. I understand I will have the opportunity to explain any convictions and that the City will analyze any convictions on a case by case analysis using the following factors: the nature and gravity of the offense; the amount of time passed since the conviction; the relationship between the conviction and the nature of the volunteer activity; and other mitigating factors.

Release and Waiver of Liability

I acknowledge and agree as follows:

A. I have offered to provide certain services to the City and/or Civic Club and my status while performing those services is that of a non-statutory volunteer (hereinafter "volunteer").

B. I understand that I am not considered an employee and I am not entitled to any compensation under federal law or any benefits under the Iowa Workers' Compensation Law for injury incurred while providing services regardless of the cause of the injury.

C. If I was entitled to medical expense reimbursement, the City has insurance coverage and payment of said medical expenses would be made in accordance with the terms of said policy.

D. I specifically waive the right to any other benefits, reimbursements or damages as a result of injuries which I may incur while providing such services.

E. I specifically release, waive and covenant not to sue the City and/or its insurer for injury or death caused by the acts or omissions of other volunteers or of elected officers, agents, or employees of the City ("the Releasees") which may occur while I am performing such services for the City.

F. I agree that by participating in a City program or holding an event at any City facility or property, I will accept all responsibility and agree to hold harmless and indemnify the City and the Releasees from any damages which may occur due to exposure to COVID-19 or any other infectious diseases as a result of my participation or event.

G. I knowingly, voluntarily and unconditionally agree to give up my right to a trial by jury in any legal action against the City or the Releasees related to my volunteerism.

I have read the release and waiver of liability and understand I am giving up substantial legal rights, but do so knowingly and voluntarily and I further affirm that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Applicant

Date

| | |
|--|------|
| | |
| Parent Signature for volunteer under the age of 18 | Date |



FOR OFFICE USE ONLY

Police Officer

Approved

Denied

Date: _____

Police Officer Comments:

Please list individuals aged 18+ who will be participating with you

| Name | DOB | Phone # | Emergency Contact Name/Phone # |
|------|-----|---------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |