

City of Roswell

Volunteer Application

For	Office Use Only		
Background Check #:			
Submitted on:	By:		
Received on:			
Background Status: □ Clear □ Not Clear			
Initial Start Date:			
Location:			
		ed:	
Volun	teer Information		
backgrounds on all volunteers for the safety Some volunteer placements such as working Volunteer Information Full Name:			
Address:	City:	State:	
Social Security #:	DOB:		
Home Phone:	Cell Phone	Cell Phone:	
Drivers Lic. #:	State:	Exp. Date:	
Volunteer Area of Interest:			
Why do you want to volunteer?			

When are you available to vol	unteer?		
Mornings	Afternoons:		
Weekdays	Weekends:		
I further certify that all informa	ation contained herein is	true to the best of my knowledge.	
the City of Roswell and that I	am not entitled to any rer	agree that I am not an employee or agent o muneration or benefits provided to employee ation, wages, retirement, workers	
for myself, my heirs, my perso the City of Roswell, its officers in injury, including death, or d	onal representatives and s, employees and agents amage to or loss of perso	acceptance as a volunteer, I do hereby agreassigns, to release, waive and hold harmles from any and all claims for damages resultional property, including any vehicle operated my participation in the aforesaid volunteer	ss ng d
Volunteer Signature		Date	
Approval Signature		- Date	