



# CITY OF ROSWELL

## VOLUNTEER BACKGROUND CHECK

***FOR OFFICE USE ONLY***

BACKGROUND CHECK #:	SUBMITTED ON:	RECEIVED ON:	BACKGROUND STATUS:
			<input type="radio"/> CLEAR <input type="radio"/> NOT CLEAR
INITIAL START DATE:	LOCATION:	RECEIVED BY:	EMAIL TO DEPT:

### **VOLUNTEER INFORMATION**

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Volunteers are important to the City of Roswell. Your decision to volunteer for the City of Roswell is appreciated! Please complete this application and submit it to the City of Roswell Human Resources Department. Due to the nature of many of the volunteer positions, the HR department runs backgrounds on all volunteers for the safety of the employees, participants and other volunteers.

### **VOLUNTEER INFORMATION (PLEASE PRINT)**

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Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expiration: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

Why do you want to volunteer for the City of Roswell? \_\_\_\_\_

When are you available to volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times? \_\_\_\_\_

I further certify that all the information contained herein is true to the best of my knowledge.

By signing this application, I hereby acknowledge and agree that I am not an employee or agent of the City of Roswell and that I am not entitled to any remuneration or benefits provided to employees of the City of Roswell, including but not by way of limitation, wages, retirement, worker's compensation, insurance or disability.

By signing this application, and in consideration of my acceptance as a volunteer, I do hereby agree, for myself, my heirs, my personal representatives and assigns to release, waive and hold harmless the City of Roswell, its officers, employees and agents from any and all claims for damages resulting in injury, including death, or damage to or loss of personal property, including any vehicle operated by me, which occurs in connection with or arising out of my participation in the aforesaid volunteer activities.

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Full Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Under 18 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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HR Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_