



City of Danbury Volunteer Application

In order to be considered for a City of Danbury Volunteer opportunity, this application must be completed in its entirety

General Information:

Date of application: _____

Name _____
First Middle Initial Last

Address _____
Street Apt/unit City State Zip

Home Phone: _____ Cell Phone: _____ Email Address _____

Phone number where you can be reached between 9:00am and 4:30pm _____

What volunteer position are you seeking? _____

At which City of Danbury Location do you prefer to volunteer? _____

How did you hear about this volunteer opportunity? _____

What is your current employment status? Full Time Part time
 Retired Unemployed Student

What is your current availability for volunteering (please indicate days and times) _____

Emergency Contact Information:

Name: _____ Phone Number _____

Relationship _____

Students:

School Name: _____ Year/Grade _____

School Address: _____ Major _____

Volunteer Experience

Organization	Your Responsibilities	Dates of Service

Work Experience

Company Name & Address	Position/Title	Dates of Service

Do you have any other training, skills, education, interests, hobbies, or other pertinent experience?

Are you fluent in a language other than English? __Yes __No

If yes, indicate language(s)

Why are you interested in volunteering?

Have you ever been convicted of any offense other than a minor traffic violation or juvenile offenses?

__Yes __No If yes, give details and dates of convictions

(Note: Conviction is not necessarily disqualifying. The City of Danbury will consider the nature of the crime and its relationship to the volunteer opportunity being applied for, information concerning rehabilitation and the amount of time elapsed since the conviction or release from custody)

An applicant is not required to disclose the existence of any arrest, criminal charge or conviction which has been erased under Connecticut Law. The criminal records subject to erasure under CT law are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal record have been erased under CT law shall be deemed to have never been arrested within the meaning of the CT General Statutes with respect to the proceedings so erased and may so swear under oath.

References: Please list 3 references (not relatives) preferably persons who can attest to your ability to work with others

Name & Address	Telephone	Relationship

Volunteer Agreement and Authorization

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

I understand that further consideration of my application will be contingent upon my submission of a completed Volunteer Health Clearance Information form and the completion of a reference check conducted by the City of Danbury. I understand that if I am injured/ill while performing my assigned work I will report it immediately; however, as a Volunteer, I am not eligible for Worker's Compensation coverage or benefits nor will I have any rights to a Worker's Compensation claim. Further, I will be responsible for any health care/medical bills incurred as a result of the injury/illness.

I hereby authorize the City of Danbury to investigate my background as necessary for consideration of my application for volunteer service. I further authorize all persons, schools, companies, organizations and law enforcement agencies to supply all information concerning my background and to furnish reports therein.

Applicant Signature _____ Date: _____

Prospective volunteers under the age of 18 must have the signature of a parent or guardian.

As the Parent/Guardian of the above prospective minor volunteer, I support and recommend him/her for this opportunity.

Parent/Guardian Print Name: _____

Parent/Guardian Signature _____ Date: _____