



T. Russell Reitz Animal Shelter
605 Levee Drive, Manhattan KS, 66502
#785-587-2783
asvolunteer@cityofmhk.com



VOLUNTEER POSITION(S) SOUGHT: _____

LAST NAME: _____ **MI** _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____

STATE _____ **ZIP:** _____ **PHONE #:** _____

SSN#: _____ - _____ - _____ **D.O.B.:** ____ / ____ / ____

Do you have a valid driver's license? Yes No Driver's License Number and State: _____

Have you ever been convicted of a crime, entered a plea of "guilty" or "no contest", or entered into a diversion agreement to a crime, with the exception of minor traffic violations? Yes No

If yes, please explain the nature of the charges, including the date and location of the crime. Conviction of a crime is not an automatic disqualification for volunteer work; however, the City will evaluate whether your criminal background is inappropriate for the volunteer position sought.

Character References

References cannot be family members and must be local.

Reference Name First/Last	Occupation	Daytime Phone	How long have you known this person?	Has this person agreed to be a reference?

**WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT /
 VOLUNTEER PROGRAM REQUIREMENTS**

I, _____, understand and agree that I am not an employee of the City of Manhattan and will not represent myself as such.

I do hereby further understand and agree:

- I agree to comply with all of the City's ordinances, rules and regulations. I fully understand and agree to provide my services to the City of Manhattan as a volunteer in a voluntary capacity and that I agree that I will receive no compensation or benefits for services I provide.
- That I am aware that there may be certain risks involved in providing volunteer services for the City of Manhattan, said risks may include injury or accident to person or property or other loss, and I freely, voluntarily, and with such knowledge assume any such risks while volunteering my services.
- That the City of Manhattan, and its employees, agents and assigns shall not be responsible or liable for any injury damage, loss or expense, either to me or my property incurred while volunteering my services and resulting from any act or omission on the part of any employee, agent, or assign of the City of Manhattan.
- For myself, my heirs, executors, administrators, and assigns, to defend, indemnify, release, and hold harmless, the City of Manhattan and all of its employees, agents, and assigns from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney's fees, of every kind and nature incurred or arising by reason of any actual or claimed act or omission of mine while volunteering my services to the City of Manhattan, including, but not limited to, criminal acts, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use.
- That the City of Manhattan, in its sole and exclusive discretion, may terminate me from my volunteer services, if my work is not satisfactory, if my behavior is inappropriate or offensive, if I am under the influence of alcohol or illegal

drugs, if I commit a criminal act, if volunteer services are no longer needed, or for any other reason that the City deems appropriate.

6. That the City has my permission to use, for any purpose, any photographs, videotapes, recording or any other record which may contain pictures or recordings of me participating in this volunteer program.
7. That the information in this volunteer application is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application may result in rejection of this application, or dismissal from volunteer services if discovered at a later date. The City of Manhattan is expressly authorized to investigate all statements contained in this application. Further, I understand and agree that volunteer service is conditioned upon the successful completion of an investigation into my criminal and personal background. **I hereby authorize, by my signature below, the City of Manhattan to conduct such background investigation, which may include, but are not limited to, police back ground check, social security number verification, criminal background check, sex offender registry check, Central Registry of Child Protection inquiry, a driving record check, fingerprint check and computer voice stress analysis test, if applicable.**
8. I hereby consent to the release of information about my ability and fitness for volunteer assignment by my former and present employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Manhattan. I understand that I may be disqualified from further consideration should I fail any of the testing or background processes.
9. I understand and agree that if I choose to transport program participants in any private vehicle, that I must have a valid, unrestricted driver's license, and I must maintain current automobile liability insurance coverage on said vehicle, in accordance with statutory requirements. The City will not provide any automobile liability insurance coverage for said purpose or said vehicle or be responsible for any liability or claim arising therefrom.

Volunteers who have a work-related injury, illness or exposure have a responsibility to report the event in writing in the required timely manner:

10. All occupational illnesses or injuries, regardless of how minor, must be reported to the volunteer's supervisor. The report must be made in writing by completing an Accident/Incident Investigation Report with the supervisor followed by the **volunteer** submitting the completed form to the City of Manhattan Human Resources Department within the earliest of the following dates:
 - a. 20 calendar days from the date of accident or the date of injury by repetitive trauma;
 - b. If the volunteer is volunteering for the entity against whom benefits are being sought and such volunteer seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or
 - c. If the volunteer no longer works for the entity against whom benefits are being sought, 10 calendar days after the volunteer's last day of actual work for the entity.
11. Volunteers who fail to submit a written report of a work related injury, illness, or exposure in accordance with the above guidelines to the Human Resources Department may have a claim for benefits fully or partially denied for the injury/illness.
12. All required medical treatment due to a work-related illness, injury or exposure will be coordinated by the City of Manhattan Human Resources Department or Thomas McGee, LLC. Volunteers who seek medical treatment other than that chosen by the City of Manhattan Human Resources Department or Thomas McGee, LLC will do so at their own expense.

I hereby represent that I have carefully read and understand the contents of this document and agree to the terms stated herein. In the event that an injury or accident occurs while I am volunteering, I agree that it shall be my sole responsibility to provide insurance coverage or guarantee of financial responsibility. I agree that I am volunteering for the City of Manhattan, and signing this form and making promises hereunder, under my own free will.

APPLICANT SIGNATURE: _____ **DATE:** _____

If applicant is a minor, the minor's parent/legal guardian must consent to and sign this form.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____