



Volunteer Form

5490 Fifth Street
Cottleville, Mo 63304
cityofcottleville.com

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Fax: 636-498-6575
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Date: ____/____/____

- Volunteer work desired: _____
- Special accommodations/needs: _____
- ***Note not all events/activities happening within the City limits are "official City events". Volunteer opportunities may exist within those groups or organizations responsible as well.***

Applicant information:

Name: _____ Are you at least 18 years old? Yes ____ No ____

Current address: _____

Previous address: _____

Cell Phone: _____ Other phone: _____

E-mail: _____

Current occupation: _____ Current employer: _____

Previous employer: _____

Are you a Cottleville resident? _____ If yes, how long? _____

Are you a student? _____

Briefly describe your education, experience, or relevant skills: _____

- Are you a citizen of the United States? ____ Yes ____ No
- Are you a permanent resident of the United States? ____ Yes ____ No
- Have you ever been convicted of or pleaded guilty to a misdemeanor or felony other than a misdemeanor traffic violation?
____ Yes ____ No
(If yes, please describe): _____

- Have you ever had a professional/occupational license revoked or suspended, because of disciplinary action?
____ Yes ____ No
(If yes, please explain): _____

- Is there anything in your background that might become an embarrassment to you if it were to become public?
____ Yes ____ No
(If yes, please describe): _____

- Are you a current employee of the U.S. Government? ____ Yes ____ No
- Are you or a family member currently volunteering for or employed by the City of Cottleville? ____ Yes ____ No
(If yes, in what capacity): _____

- What volunteer experience do you have – organizations you are currently or have volunteered for in the past?

- List your references: _____

List your emergency contact information:

Name: _____ Cell phone: _____

Relationship: _____

If applicant is under the age of 18 parental/guardian consent is required:

Legal Guardian's Name: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

E-mail: _____

Legal Guardian Signature: X _____

Please attach your recently dated Missouri State Highway Patrol Criminal Record Check which may be required annually.

- Use the online [Missouri State Highway Patrol MACHS Name Search Portal](#) for an immediate record and remit with this application.
- This application will be cross referenced with the sexual offender registry.

Notice: I agree to hold *all other sponsors and coordinating organizations*, including The City of Cottleville, it's agents, servants and employees harmless from any and all liability, actions, causes or actions, claims, demands for suits whatsoever resulting from or arising out of personal injuries, loss of, or damage to property, or involving any impairment of, or damage to any right because of or in any way related to the City of Cottleville, resulting from my participation in this activity. I also authorize any photos or video taken of myself, and/or the participant, to be used in any publicity or promotion materials by the City or event coordinators. I hereby authorize the Chief of Police of the City of Cottleville, Missouri or his designate, to conduct a criminal history check and personal background check and for release of any information to City Officials. I, hereby declare under penalties of perjury that I am of good moral character and free of felonies. I declare under penalties of perjury that I am not aware of any information that would prohibit me from fulling or meeting any requirements to serve in such a position. Any information on this application form may be subject to disclosure pursuant to the sunshine law.

Applicant Signature: X _____ **Date:** _____

FOR COTTLEVILLE OFFICE USE ONLY

Date Reviewed:	Approved by City Clerk:
Volunteer Assignment(s):	Approved by City Administrator:
	Notes: