

**DOG/CAT KENNEL – MICHIGAN CITY, INDIANA
VOLUNTEER APPLICATION**

Your full legal name: _____

Address: _____

City, State & Zip: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Date of Birth: _____ Soc. Sec. #: _____

Current Employer: _____

Employer Address: _____

Your occupation: _____

Your highest level of education completed: _____

Do you have criminal charges currently pending against you? Yes _____ No _____

Have you ever plead guilty to or have you ever been convicted of a crime? Yes _____ No _____

If yes, please state the crime(s) committed, the date(s) of said guilty plea/conviction(s), city and state of your conviction(s), and terms of plea agreement or sentence. (If necessary, please attach additional pages.) _____

Times and days you are available to volunteer: _____

Please describe any special skills or interests: _____

Emergency Contact: _____ Relationship to person: _____

Emergency Contact Phone Number(s): _____

Emergency Contact Address: _____

Emergency Contact Email: _____

I hereby certify that all statements made in this application, are true. I understand that any misstatement, misrepresentation, material omission or falsification of facts shall cause forfeiture of all rights to volunteer service with the City of Michigan City, Indiana. I understand that all information on this application is subject to verification, and I agree to allow the Michigan City Police Department to perform a criminal background search on me. I also agree to provide the Michigan City Police Department any additional information relevant to my criminal background as the same may be requested.

I agree to abide by and comply with all rules, regulations, policies and practices of Michigan City. I understand that my volunteer service with the City is at-will, that I have the right to terminate my volunteer service at any time with or without cause, and that the City has the same right. I understand that as a volunteer, I have no job status and no right to employment. I understand that no representative of this employer has any authority to enter into any agreement with me contrary to the policies and practices of the Michigan City. I further understand and agree that I will not receive nor will the CITY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, or retirement benefits.

I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.

I understand that while I am working as a volunteer for the City, I am covered under the City's Worker's Compensation Program in the same manner as employees. I certify that I am of sound mind, and that I am over the age of 18 years or if under eighteen (18), my parent/guardian has approved my volunteer service as evidenced by their signature below. I certify that I am physically fit to be able to perform the work assigned. If unable to perform a particular assignment due to any limitations, I will immediately notify the volunteer supervisor to discuss any accommodations that may be necessary.

I understand that if I am approved by the City to perform voluntary services, I will have to execute a Waiver & Release of Liability in favor of the City before I render any volunteer services.

Name (print and signature)

Date