



City of Newport

Volunteer Application (Non-Public Safety)

Personal Information

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address _____

Availability (Check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How long can you commit to volunteer? _____

Interest and Experience

What department and type of volunteer work would you like to do?
 Department: _____ Work: _____

Please list your previous volunteer experience: _____

Reason for volunteering? _____

Employment Information

Current Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience:			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Applicable Skills and/or Certifications: _____

Languages you are fluent in: _____

References

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Acknowledgement and Consent

I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of volunteering, or immediate termination of a volunteer assignment.

I understand that an in-depth background check will be conducted prior to being accepted as a volunteer with the City of Newport. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, or credit check (if job related) in order to determine eligibility and suitability for volunteering.

I authorize representatives of City of Newport to complete a background check and contact references in order to determine my eligibility and suitability for volunteering. I understand and agree that, if assigned to a volunteer position, my volunteer relationship with City of Newport is for no definite period and the relationship may be terminated at any time and without prior notice by either party.

I understand and agree that as a volunteer for the City of Newport I will be required to complete compliance trainings and comply with the policies and procedures of the City and department I am volunteering with.

Name (printed)

Signature Date

Thank you for your interest in volunteering for the City of Newport.

Please complete this application and return it to Human Resources along with the completed Background Check Request Form. If you are a minor, the Parental Consent Form will also be required.

After a background screening is complete, a representative from the department you are requesting to volunteer with will contact you and schedule a time for an interview. All volunteer applicants are interviewed to establish suitability, interests, and aptitudes. Incomplete applications will not be considered. All information obtained as part of the background screening process will be treated as confidential information.