



VOLUNTEER APPLICATION

PROGRAM APPLYING FOR: _____

PERSONAL INFORMATION:

Name: _____ / /
Last First MI Date of Birth
Address: _____ Male Female
Street City Zip Circle one
Telephone Numbers: _____
Email Address

No applicant will be permitted to participate in any program until all areas of the background check are completed and received. Any applicant providing false information will be immediately disqualified for any current or future program.

Emergency Contact

Name: _____ Date of Birth
Last First MI
Address: _____ Male Female
Street City Zip Circle one
Telephone Numbers: _____
Email Address

Have you ever worked/volunteered for the City of Bedford? Yes No

If yes, list dates and reason for leaving: _____

Background Information

Present employer and contact:

Have you ever been dismissed from employment or refused re-employment: Yes No

If yes, please explain: _____

Who could we contact as a reference? _____
Name Phone

Have you ever gone by a different name: Yes No *if yes, please list: _____
Are you a Citizen of the United States: Yes No *if no, list citizenship: _____

In continuing our effort of maintaining a safe environment for participants and staff members, the City of Bedford Parks and Recreation Department requires a background check of each volunteer applicant 18 years of age and older. The background check will include, but is not limited to, fingerprints submitted to the Ohio Bureau of Criminal Investigation, required documentation of residency within the State of Ohio for a minimum of five (5) consecutive years, and submission of fingerprints to the Federal Bureau of Investigation if the applicant is unable to provide the five (5) year proof of residency. Information obtained through the background check will remain on file in the City of Bedford Parks and Recreation Department and will not be disseminated without prior approval of the applicant. The City of Bedford Parks and Recreation Department requires a background check for any volunteer/worker applicant every three (3) years and reserves the right to require a background check at any time if deemed to be necessary for maintaining a safe environment for participants and staff members. The City of Bedford Parks and Recreation Department will cover the expenses for completing background checks for all applicants.

PARTICIPATION: I hereby acknowledge the possibility that injuries may occur during participation in City of Bedford Parks and Recreation Department programs and expressly assume the risk of all such injuries. Although most injuries are minor, injuries may occur that are severe enough to cause permanent disability, such as paralysis, or death. In consideration of the City of Bedford Parks and Recreation Department allowing me to participate in City of Bedford Parks and Recreation Department programs, I hereby irrevocably and unconditionally release and forever discharge the City of Bedford, the City of Bedford Parks and Recreation Department, and their mayor/city council members, administrators, employees, agents, instructors, aides and volunteers (collectively, the "Released Persons") from any and all claims, actions, demands, rights, liabilities, damages, costs, expenses or causes of action of whatever kind which may arise out of or relate in any way to my participation in any City of Bedford Parks and Recreation Department program. Further, I hereby indemnify, defend and hold harmless any and all Released Persons against and from any and all claims, actions, demands, rights, liabilities, damages, costs, expenses or causes of action of whatever kind which may arise out of or relate in any way to my participation in any City of Bedford, Parks and Recreation Department program or any use of my recordings as authorized below. I understand that all participants in City of Bedford Parks and Recreation Department programs are required to abide by the rules and policies of the City of Bedford and the City of Bedford Parks and Recreation Department, and further understand that my failure to do so may result in termination of my participation in any or all programs. I will be responsible for all facilities and equipment used and/or issued to me throughout the programs, and will pay the repair/replacement cost for any facility and/or equipment damaged, lost or not returned by me. I understand that all facilities and equipment must be used only in the manner for which they are intended. **USE OF RECORDINGS:** I hereby authorize the City of Bedford and the City of Bedford Parks and Recreation Department, their employees and agents to record my picture and/or voice (including but not limited to my spoken or other vocal content) on photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files or any other media in connection with any or all Lakewood Community Recreation and Education programs. Further, the City of Bedford and the City of Bedford Parks and Recreation Department are hereby authorized, at their discretion, to use and to license others to use such recordings in their original or edited form in any media (print, broadcast and others) for any and all educational and/or commercial purposes, and to use my name, likeness, voice and spoken or other vocal content for such purposes. I acknowledge and agree that I will not be compensated for any use by the City of Bedford or the City of Bedford Parks and Recreation Department of such recordings. I further acknowledge and agree that the City of Bedford will own exclusively any and all rights to such recordings.

Volunteer Applicant Signature

Parent/Guardian Signature (if applicant under 18)

Bedford Parks and Recreation Department
124 Ellenwood Avenue, Bedford, Ohio 44146
Phone: (440) 735-6570
www.Bedfordoh.gov



REHIRE APPLICATION

Name: _____
Last First MI

Address: _____
Street City Zip State

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ Social Security# _____

Are you legally eligible for employment in the united States? Yes No

If you are under 16, can you furnish a work permit? Yes No

When were you last employed by the Bedford Recreation Department? _____

Position of previous employment? _____

Desired job? _____

Dates Available for work? Start date: _____ End date: _____

Driver's license number: _____ State: _____

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or any misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed. No matter when discovered by the City of Bedford.

I understand that any employment is conditioned on a background check. I authorize the City of Bedford to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the City of Bedford, without giving me prior notice of such disclosures.

Authorization Continued

In addition, I release the City of Bedford, any former employers and all references listed above from any and all claim, demands or liability arising out of or related to such an investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my hiring process, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or the City of Bedford. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Bedford unless made in writing.

If I am offered employment I agree to submit to drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the company and as permitted by law. I consent to such tests, and I request that the results of the test, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, contingent upon satisfactory drug test and if I am hired a condition of my employment will be that I abide by the City of Bedford drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City of Bedford to hire. If hired, I agree to abide by all the City of Bedford work rules, policies and procedures. The City of Bedford retains the right to revise its policies or procedures, in whole or part, at any time.

Print Name: _____
 Last First MI

Date: _____

Sign Name: _____
 Last First MI

Date: _____