



Safety Land Volunteer Application

City of Streetsboro
9184 SR 43 Streetsboro, Oh 44241
330-626-3802
www.cityofstreetsboro.com
PLEASE PRINT CLEARLY

Filing Information

Date: _____

Received by
SPRD Office Use Only

Name _____ Age _____ Shirt Size _____

Last First

Present Address _____

Street City State Zip

Phone () _____ Email _____

Have you previously volunteered or been employed by the City of Streetsboro? _____ If yes, please indicate

Group Request 1st Choice _____

Group Request 2nd Choice _____

Please note, requests will be taken into consideration, but are not guaranteed.

Do you possess a valid Ohio Driver's License? _____ Driver's License No. _____

Are you over the age of 21? _____ (21 is the minimum age for driving a city vehicle, if required to drive)

Have you been convicted of a crime in the past ten (10) years, excluding minor traffic offenses? _____

If yes, please describe: _____

Certifications, Licenses & Other

What certifications and/or licenses do you currently hold you feel are relevant to the position for which you are applying? Please indicate expiration dates of any checked items.

CPR _____ First Aid _____ CPR/First Aid Instructor _____

Other: _____

What other interests, experiences or skills do you currently possess you feel are relevant for the position which you are applying? _____

Please see reverse side

Volunteer Acknowledgement, Release, Waiver and Hold Harmless Agreement

I acknowledge that at all times, I am a volunteer for the City of Streetsboro and I am not acting as an employee of the City, its administrators, directors, or affiliates. I acknowledge and understand that my volunteer position is not guaranteed, nor if granted, guaranteed for any length of time and that City of Streetsboro may deny or end my volunteer opportunity at any time, for any reason, with or without notice.

I further acknowledge that I shall not be entitled to participate in a benefit from any employee benefit or welfare plans, including but not limited to employee health or liability insurance. I understand that the City of Streetsboro presently provides limited insurance benefits in the event I sustain any injuries or damages incident to such volunteering and that I will immediately contact the City office for proper processing instructions relative to any injury or damages.

Pursuant to any agreement to volunteer for the City of Streetsboro, I recognize that there are certain risks and possible bodily or personal injuries and damages that one may sustain through such participation, including but not limited to the following:

1. Falls due to unevenness of terrains or surfaces;
2. Injuries arising from sports, physical exertion, or outside activities;
3. Injuries arising from lightening, heat, cold, rain or other weather related factors; and
4. Any other injuries or damages I may sustain as a volunteer.

Relative to the above, I **HEARBY ASSUME ALL RISKS** associated with my volunteer activities for the City of Streetsboro, and **HEARBY RELEASE, WAIVE AND HOLD HARMLESS** on behalf of myself and those claiming by, through, or under me, the City, its administrators, directors or affiliates from all claims, damages or causes of action which I may have now or hereafter against the above identified parties, and their officers, directors, members, agents, representatives or employees, arising out of any bodily or personal injuries or damages I may sustain in connection with my volunteer activities, including any bodily or personal injuries or damages caused by or alleged to be caused all or in part by myself, other volunteers, contractors or workers, **OR ACTIONS, FAILURES TO ACT OR NEGLIGENCE** of the City of Streetsboro and its officers, directors, members, agents, representatives and employees.

This Acknowledgement, Release, Waiver and Hold Harmless Agreement shall be binding upon me and my heirs, assigns and legal or personal representative.

The facts set forth above in my application are true and complete. I understand that if selected or considered, false statements on this application or during the selection process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

It is my understanding that the City will make a thorough investigation of my personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release liability and person giving or receiving such information.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I have read and understood the above.

Print Name _____

Signature _____ Date _____

If under 18, signature of parent/guardian _____

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act prohibits discrimination on the basis of handicap or disability. The City of Streetsboro is an equal opportunity employer.