

Appointed Board/Commission Volunteer Application

City of Holland Volunteer Services Department
270 S. River Avenue, Holland, MI 49423
616.355.1324 616.546.7056 - Fax
volunteer@cityofholland.com

It is the policy of the City of Holland that equal opportunity shall be afforded to all persons without regard to race, sex, color, creed, religion, national origin, marital status, height, weight, age, or disability.

Name: _____
Address: _____
City, State & Zip: _____
Day Phone: _____ **Evening Phone:** _____
Email Address: _____

- Please check appropriate response:**
- City Resident
 - Non Resident/City Property Owner
 - Non-City Resident

Please list any special needs or accommodations:

- Please check appropriate response:**
- Adult (18 years and up)
 - Youth (14 to 17 years) - work permit must be attached

In case of emergency, notify:

Name: _____
Address: _____
Relation: _____
Phone (AM/PM): _____

Have you ever been convicted of a felony?
 Yes – Explain when, where and nature of offense:

 No

Are there any felony charges pending against you now?
 Yes – Please explain:

 No

Please indicate your volunteer interest:

What special skills do you offer as a volunteer?

Availability
(Please check all that apply)

- Morning
- Afternoon
- Evening
- As Needed

Why are you interest in serving the City as a volunteer?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Employment Information:

Company	Duties/Activities	Dates of Employment	
		To	From

Community Involvement

Organization	Duties/Activities	Dates of Involvement	
		To	From

Educational Background

	Name	City/State	Course of Study
High School			
College			
Other			
Special Training			

I hereby certify that all statements on this volunteer application are made truthfully and without evasion, and further understand and agree that such statements may be investigated and, if found to be false, will be sufficient reason for not being appointed may result in dismissal.

I authorize the references listed on this application and any prior employer, educational institution, or any other persons or organizations to give the City of Holland any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

In accordance with ADA requirements, if I require an accommodation to perform my duties, I must notify the City Volunteer Services Office of that need within 180 days after I know or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that City of Holland has not accommodated me as required by law.

I hereby authorize the City to secure criminal conviction history from the appropriate law enforcement agency, should the City determine it is necessary to do so.

The information on this application will be treated in a confidential manner by the Volunteer Services Coordinator. However, appropriate information will be reviewed by the City Council prior to an appointment being approved.

Volunteer's signature

Date

Date of Birth (Optional): _____

Date of Birth is necessary to conduct the criminal background check. If you are selected, you will be asked for this information.