



**AGREEMENT BETWEEN**

THE CITY OF PRESCOTT AND \_\_\_\_\_, A  
VOLUNTEER.

**THE CITY OF PRESCOTT AGREES TO:**

1. Provide necessary Workers' Compensation Insurance at a rate consistent with the voluntary position.
2. Provide opportunity for volunteers to exchange ideas, suggestions and recommendations.
3. Change the volunteer assignment or add new duties only through mutual agreement between the volunteer and his/her supervisor.
4. Keep records of the length of service, maintain a personnel file and provide the volunteer with a letter of reference as City deems appropriate.

**THE VOLUNTEER AGREES TO:**

1. Become familiar with and adhere to the policies and procedures of the City.
2. Attend orientation sessions, on-the-job training and continuing education when required.
3. Give prior notice if volunteer work is to be terminated or interrupted for an extended period of time.
4. Protect confidential information and exercise good judgment when acting on the City's behalf.
5. Accept supervision with a willingness to learn and a willingness to ask about things not understood.
6. In consideration of the City providing coverage to the volunteer under its Workers' Compensation policy, to release and discharge the City its departments and divisions, its agents and employees, and any and all persons legally responsible for the acts or omissions of the City, from any and all claims which the volunteer has or may have against the City, its agents or employees, arising out of or in any way connected with the volunteer's activities on behalf of the City, understanding that recovery under said Workers' Compensation policy is the exclusive remedy available to the volunteer in the event of injury or death.

PLEASE ANSWER THE FOLLOWING:

Have you ever volunteered or worked for the City of Prescott? **Yes:**\_\_\_ **No:**\_\_\_ If yes, please provide the dates and positions.

Are you presently under indictment for, or have you ever been convicted, received deferred adjudication, or entered a guilty plea or nolo contendere for any offense which would be considered or equate to a felony or misdemeanor offense? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\*If "yes" is your answer to either question, please attach an additional sheet with explanation. Include dates, places, and nature of offenses.

*\* Note: a "yes" answer will not automatically disqualify you from eligibility as a volunteer with the City of Prescott. Each case will be evaluated in relation to the position. Omission, misstatements or falsification of facts will be sufficient cause for cancellation of this application and or separation from volunteer program.*

THE VOLUNTEER (name) \_\_\_\_\_

AGREES TO PERFORM (Hours, days) \_\_\_\_\_

IN THE POSITION OF: \_\_\_\_\_

***I certify that all information contained herein is true to the best of my knowledge. I consent to having a background history check, which may include fingerprinting. I understand that all omissions or misstatements may result in termination of my volunteer work. I will keep the City advised of changes in my address and/or phone numbers or status.***

VOLUNTEER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

IF UNDER 18, PRINT PARENT OR GUARDIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
CITY REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

# Agreement, Authorization, and Consent for Release for Background Information

I, \_\_\_\_\_  
 Last Name First Name Middle (Please Include Jr., Sr., II, III Etc.)

**PLEASE TYPE OR PRINT CLEARLY**

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **City of Prescott** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **City of Prescott**. **City of Prescott** uses **Sterling Infosystems, Inc.**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Sterling Infosystems, Inc.** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **City of Prescott**, and **Sterling Infosystems, Inc.**

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **City of Prescott** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **City of Prescott**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Sterling Infosystems, Inc.**, 5750 West Oaks Boulevard, Suite 100, Rocklin, CA 95765. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
_____ - _____ Social Security Number	_____ / _____ / _____ Date of Birth
_____ Driver's License Number	_____ State

**Other names you have used, or are also known as, including maiden name, name changes and any aliases:**

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address:	_____ /					
	Street	Apt.#	City	State	Zip Code	From / To
Former Address:	_____ /					
	Street	Apt.#	City	State	Zip Code	From / To
Former Address:	_____ /					
	Street	Apt.#	City	State	Zip Code	From / To
Former Address:	_____ /					
	Street	Apt.#	City	State	Zip Code	From / To