



**City of Xenia  
Volunteer Application**

**Thank you for your interest in our volunteer program. The City of Xenia believes  
volunteer participation contributes to the quality of life in our community.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you served as a volunteer with us before?  No  Yes If yes, what year? \_\_\_\_\_

**Education (check all that apply):**

- High school graduate or GED
- Associate's Degree      School/Major: \_\_\_\_\_
- Bachelor's Degree      School/Major: \_\_\_\_\_
- Master's Degree      School/Major: \_\_\_\_\_

**Employment Information:**

*Please provide information for your two most recent employers.*

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Volunteer Experience:**

*Please provide information for your two most recent volunteer experiences.*

Agency Name: \_\_\_\_\_ Volunteer Dates: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_ Volunteer Dates: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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**Skills/Interests:**

- |                                             |                                                |                                              |
|---------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Office Assistant   | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Parking Enforcement |
| <input type="checkbox"/> Computer Operation | <input type="checkbox"/> Board/Commission      | <input type="checkbox"/> Telephone Contact   |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Law/Research          | <input type="checkbox"/> Website Updates     |
| <input type="checkbox"/> Parks/Nature       | <input type="checkbox"/> Recreation            |                                              |

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**References:**

*Please provide two references other than relatives.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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List the reasons why you would like to become a volunteer: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about our program? \_\_\_\_\_  
\_\_\_\_\_

**Please check the times you are usually available for a volunteer assignment:**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the statements made on this application are true and correct and have been provided voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Xenia from any liability whatsoever for supplying such information. I understand I will not be paid for my services as a volunteer. I also understand that completing this application does not necessarily guarantee a position of volunteer service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Please submit completed form to:

***Jackie Potter  
Human Resources Director  
City of Xenia  
101 N. Detroit Street  
Xenia, Ohio 45385***

## AUTHORITY TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize the City of Xenia, Ohio, to make or cause to be made, an investigation attended to my volunteer application.

I hereby further authorize any previous employer, individual, company, or institution to furnish the City of Xenia, Ohio any information concerning my employment or relationship, and do hereby release the individual, company or institution involved in furnishing such information from liability or damages resulting therefrom.

I hereby further authorize any police or law enforcement agency (local, state or federal) to release to the City of Xenia, Ohio, any information in their files thh may be releasable by law, and I do hereby release the police or law enforcement agency and all individuals concerned therewith, from all liability for any damage whatsoever incurred in furnishing such information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(For identification purposes only)

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicapped.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Volunteer Application.

(Please print)

Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative  
                           Walk-In     Employment Agency     Other

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
                          Last                           First                           Middle                           Area Code/Number

Address \_\_\_\_\_  
                          Street                                           City                           State                           Zip Code

### Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check One:                            Male                            Female

Check One of the Following:     White  
                                                  Black  
                                                  Hispanic  
                                                  American Indian/Alaskan Native  
                                                  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran                    Disabled Veteran                    Handicapped