

APPLICATION FOR ACTIVITY / PROGRAM VOLUNTEER

CITY OF HURON ❖ 417 Main Street ❖ P.O. Box 468 ❖ Huron, OH 44839
(419) 433-5000 Fax (419) 433-5120



Appointment to any City of Huron sponsored program or activity is on a strictly volunteer basis (without compensation).

PROGRAM / ACTIVITY APPLIED FOR: _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department. The purpose of this application is to gather information only. Any City of Huron resident is encouraged to apply.

PLEASE PRINT:

NAME: _____ DATE OF APPLICATION: _____

ADDRESS: _____ SOCIAL SECURITY #: _____

TELEPHONE #: _____ MOBILE/OTHER: _____ E-MAIL: _____

IF UNDER AGE 18, SIGNATURE OF PARENT / LEGAL GUARDIAN REQUIRED: _____

EMPLOYMENT/APPOINTMENT EXPERIENCE

PLEASE PROVIDE INFORMATION REGARDING YOUR EMPLOYMENT/APPOINTMENT HISTORY. THIS INCLUDES, BUT IS NOT LIMITED TO PRESENT/PAST EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES. USE ADDITIONAL SHEETS IF NECESSARY.

FROM / TO EMPLOYER/ORGANIZATION TELEPHONE #

JOB TITLE ADDRESS MAY WE CONTACT?

SUPERVISOR JOB DUTIES/RESPONSIBILITIES

FROM / TO EMPLOYER/ORGANIZATION TELEPHONE #

JOB TITLE ADDRESS MAY WE CONTACT?

SUPERVISOR JOB DUTIES/RESPONSIBILITIES

PLEASE EXPLAIN WHY YOU WOULD LIKE TO BE CONSIDERED FOR APPOINTMENT. USE ADDITIONAL SHEETS IF NECESSARY.

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT SHOULD BE CONSIDERED FOR THE APPOINTMENT FOR WHICH YOU ARE APPLYING.

EDUCATIONAL BACKGROUND

Name and Location:	# of years completed	Graduated?	Course of Study
HIGH SCHOOL:			
<hr/>			
COLLEGE:			
<hr/>			
OTHER:			
<hr/>			

REFERENCES (VOLUNTARY)

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

APPLICANT STATEMENT

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN ORDER TO APPLY AS A VOLUNTEER FOR THE CITY OF HURON IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT OMISSIONS, MISSTATEMENTS, AND FALSIFICATIONS WILL CAUSE FORFEITURE ON MY PART OF ALL ELIGIBILITY TO ANY APPOINTMENT WITH THE CITY OF HURON AND MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISCHARGE FROM SERVICE. IN ADDITION, I GIVE THE CITY OF HURON THE RIGHT TO INVESTIGATE AND VERIFY ANY INFORMATION OBTAINED THROUGH THE APPLICATION PROCESS. I EXPRESSLY AUTHORIZE, WITHOUT RESERVATION FURTHERMORE I UNDERSTAND THAT APPOINTMENT TO CITY BOARDS AND/OR COMMISSIONS IS STRICTLY VOLUNTARY AND IS NOT COMPENSATED. I UNDERSTAND THAT NO REPRESENTATIVE OF THE CITY OF HURON IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY AND THAT NO IMPLIED, ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE MAYOR.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

SIGNATURE OF APPLICANT (REQUIRED): _____

DATE: _____