



**City of Centerville
Volunteer Program
Board and Commission Application**

Thank you for your interest in serving
on a Council-appointed Board or Commission.
City of Centerville residency is required.

Please complete the forms included in the packet and return to
Carin Andrews, Clerk of Council. Call 433-7151 with any questions.

___ Application

___ Volunteer Release and Waiver

___ Emergency Contact

___ Volunteer Disclosure

___ Policy against Unlawful
Harassment and/or Discrimination

Date _____



CITY OF CENTERVILLE

APPLICATION FOR BOARD or COMMISSION APPOINTMENT City of Centerville residency required

Name of Commission, Board, Committee

NAME _____ PHONE _____

ADDRESS _____ ZIP CODE _____

EMAIL _____

EMPLOYER _____ PHONE _____

Title _____ Duties _____

Civic and Professional Activities:

Length of Residence: In Centerville _____ Years
In Township _____ Years
In County _____ Years

Voter Qualifications: Registered
Yes _____
No _____

Remarks on experience and interest relative to the appointment you are seeking:

Signature _____



YEAR _____

EMERGENCY CONTACT INFORMATION

This information must be updated annually

PLEASE PRINT ALL INFORMATION

Volunteer Area(s) _____

Name _____

Address _____
Street City Zip code

Email address _____

Home phone _____ Cell phone _____

In case of emergency please contact: (need two contacts)

1) Name Address

Phone Relationship

2) Name Address

Phone Relationship

Doctor's Information:

Name Address Phone

City of Centerville Policy

Against Unlawful Harassment and/or Discrimination

The City of Centerville strives to maintain a workplace that fosters mutual employee respect and promotes harmonious, productive working relationships. Any harassment or discrimination based on sex, race, color, religion, national origin, age, disability or any other protected status by law is prohibited. This policy applies to all employees, Centerville Volunteer Board and Commission members and CIVIC Municipal Volunteers throughout the organization and all individuals who may have contact with any employee, Centerville Volunteer Board and Commission members or CIVIC Municipal Volunteer of this organization. Furthermore, the City of Centerville will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

Guidelines:

- A. No supervisor shall threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee with regard to such employment conditions as hiring, termination, promotion, wages or a significant change in benefits, or that an employee's acceptance of sexual advances will positively affect an employee with respect to such employment conditions. This policy confirms that submission to unwanted advances will never constitute an actual condition of employment. Any representation to the contrary is not to be relied upon. Immediate reporting of such unwanted advances is mandatory.
- B. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other offensive conduct that is either sexual in nature or directed at someone because of his or her gender. Sexual harassment undermines the employment relationship by creating an intimidating, hostile or offensive work environment.
- C. Harassment, whether sexual or based on characteristics listed above, may take many forms. By way of example, harassment, under this policy, may include:

Verbal Conduct – such as epithets, derogatory jokes or comments, name calling, innuendos, demeaning slurs, or unwanted sexual advances.

Visual Conduct – such as leering, derogatory and/or sexually oriented posters, photography, cartoon drawings, graffiti, electronic mail, or gestures.

Physical Conduct – such as assault, offensive touching, blocking of normal movement, or interfering with work.

Threats or Demands – to submit to sexual requests as a condition of continued employment benefits.

The City of Centerville will not tolerate any such conduct. Personnel who violate this policy may be disciplined or terminated.

Over, please



City of Centerville

Release and Waiver of Liability for Voluntary Services

Waivers and Release. I hereby release and forever discharge and hold harmless the City of Centerville (hereinafter "Centerville"), and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Centerville. I understand and acknowledge that this Release discharges Centerville from any liability or claim that I may have against Centerville with respect to any bodily or other physical injury, illness, death or property damage that may result from my voluntary participation. I also understand that Centerville does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

Insurance. I understand that Centerville may elect to provide group accident or other liability insurance for the benefit of its volunteers. The policy language will govern any coverage so provided. Except to the extent that it may provide such insurance, Centerville does not carry or maintain any health, medical, or disability insurance coverage for the benefit of its volunteers, or workers' compensation coverage for the benefit of non-emergency volunteers, and expressly disclaims any responsibility or obligation to do so. As a volunteer, I am expected and encouraged by Centerville to maintain medical, health, and all other applicable insurance coverage for my own benefit. Centerville only provides automobile liability insurance coverage to volunteers when a City car is driven to complete their duties. If you are driving your own vehicle while performing volunteer duties, your insurance carrier will provide the coverage.

Summary of Liability Coverage for Volunteers. The City of Centerville has liability insurance coverage to protect employees and other covered persons (as outlined in the Liability Coverage Document 2012LY24A) in the areas of Personal Injury Liability, Property Damage Liability, Public Officials Errors and Omissions Liability, Unfair Employment Practices Liability, and Employee Benefit Liability. Volunteers of the City of Centerville and members of any other committees, boards or commissions are considered *covered persons* under this liability insurance coverage while acting for or on behalf of the City of Centerville and within the course and scope of their involvement. Certain exclusions apply.

Medical Treatment. Except as otherwise agreed to by Centerville in writing, I hereby release and forever discharge Centerville from any and all liability claims, demands and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Centerville.

Accident Reports. If you observe or are involved in an accident while performing city volunteering duties, report the incident immediately to your staff liaison and complete required accident reporting forms, as instructed. In the case of an emergency or if you are involved in a traffic accident, call 9-1-1 to report your location and any injuries. Seek medical attention as necessary.

Assumption of Risk. I understand that my participation with Centerville and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Centerville may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Centerville from all liability for injury, illness, death and/or property damage that may result.

OVER, please

Photographic Release. I do hereby grant and convey unto Centerville all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Centerville or made with its consent, during my participation with any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Centerville, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Suitability for Volunteer Service. I understand that by offering to serve in a volunteer capacity for Centerville, I do so at the sole pleasure of Centerville, and as such Centerville has the last and final judgment on my suitability for volunteer service and may, at any time, discontinue the relationship. I may also discontinue the relationship at any time I wish.

Other. I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with federal, state, county and city laws. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.

Print Volunteer Name

Date

Signature of Volunteer

Date

Signature of Parent or Guardian if volunteer under age 18

Date



City of Centerville PRE-VOLUNTEER DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization Form

DISCLOSURE

In considering you for volunteer position and, if you are selected for the position, in considering you for subsequent assignment, reassignment, retention, or discipline, the City of Centerville ("the City") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the City can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



City of Centerville Pre-Volunteer Authorization Form

I have read and understand the foregoing Disclosure, and authorize the City of Centerville to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the City to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

PERSONAL DATA

Last Name _____ First Name _____ M.I. _____

Current Street Address: _____

City, State, Zip: _____ Dates Lived Here: _____

Other Names Uses: _____ Years Used: _____
(Including maiden name)

Social Security Number: _____ DOB: _____

Driver's License #: _____ Driver's License State: _____ Exp. Date: _____

Email: _____

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name

Applicant Signature

Date