



City of Chaska Volunteer Acknowledgement

Name (Last, First M.)	
Address	
City, State, Zip	
Preferred Phone	
Alternate Phone	
Email	
Over 18 years of age	Circle: Yes / No
Emergency Contact Name	
Emergency Contact Phone	
Emergency Contact Email	

I understand I am responsible for maintaining the confidentiality of all non-public information to which I am exposed while serving as a volunteer. Failure to maintain confidentiality may result in termination of the volunteer relationship with the City or other corrective action.

I understand a background check may be required for certain volunteer positions. I give my permission to the City to check the references that I have listed. I certify the facts set forth in the volunteer application are true to the best of my knowledge. Any falsification, misrepresentation or concealment of information on this application may be sufficient grounds for disqualification for volunteering or immediate removal and the City shall not be liable in any respect if my volunteering is so denied or terminated.

I understand I am applying for a volunteer position and I will not be paid in any way. I understand I am representing the City and performing public service. I agree to abide by the City's standards of behavior. If I am selected as a volunteer for the City, I give my permission for photo/video footage taken of me working as a volunteer to be used by the City for marketing purposes.

I understand I am not an employee of the City and am a volunteer. I shall assume all liability for my actions and hold the City harmless from any and all claims for damages, actions, or causes of action which are in any way connected with the volunteer activities that I am doing. Furthermore, I understand and agree that my actions do not obligate or become the responsibility of the City of Chaska.

I understand some of the information I provided on this application is considered private data and will be used only to determine volunteer placement. Refusing to provide this information may cause staff in the City difficulties in determining volunteer opportunities. This information provided will only be accessible to myself, appropriate staff of the City or as authorized by State Statutes.

I verify this information is correct and understand I am applying for a volunteer position.

Volunteer Signature	
Date	
Parent/Guardian Name (if under 18)	
Parent/Guardian Signature	