

Use this page if you are volunteering with the City of Edgerton as part of a group. Only fill out the application on this page if you are the contact person for the group. EACH member of your group DOES NOT have to fill out an application, only the contact person for the group.

If you wish to apply as an individual and NOT as part of a group, please fill out our **Individual Application**. Anything that is not a required field may be left blank.

Fields marked with a red asterisk(*) are required.

Group Information

Group Name:* _____ Federal ID Number:* _____ Web site URL: _____

Address:* _____ City:* _____ State: _____ Zip Code: _____

How many people are in your group: _____
(approximate)

Youngest Age: _____ Oldest Age: _____
(Age of youngest person in group) (Age of oldest person in group)

If any members of your group are under the age of 18, a permission form completed by a parent or legal guardian must be completed, signed, and brought with the individual who is under 18 when they come to the city offices to complete the application process. A completed Minor Release form must be filled out for each individual under the age of 18.

GROUP SPONSOR / CONTACT PERSON INFORMATION (MUST BE AT LEAST 18 YEARS OF AGE)

Sponsor/Contact Information

Primary Contact Name:* _____

Other Names Used: _____

Address:* _____

City:* _____ State: _____ Zip Code: _____

Phone:* _____ Email: _____

Perferred Contact Time: _____

Secondary Contact Name: *

Address: * _____ City: _____ State: _____ Zip Code: _____

Phone: * _____ Email: _____

Preferred Contact Time: _____

When are you available to volunteer? Check at least one, or as many as are applicable to your availability.

- | | |
|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Short term |
| <input type="checkbox"/> Long term | <input type="checkbox"/> As needed |
| <input type="checkbox"/> Once per week | <input type="checkbox"/> Once per month |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Specific Projects |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Summer Months |
| <input type="checkbox"/> School Days | |

Please indicate where you would like to volunteer:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> City Hall | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Parks and Recreation | |

Please indicate what activity you are interested in volunteering for:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adopt a Street | <input type="checkbox"/> Adopt a Stream | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Grants | <input type="checkbox"/> Snow Brigade |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Animal Shelter | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Frontier Days | <input type="checkbox"/> 3rd of July |
| <input type="checkbox"/> Mayor's Christmas Tree Lighting | | |

Please read the following statement and indicate agreement at the end of the statement.

YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION TO BECOME A CITY OF EDGERTON VOLUNTEER UNLESS YOU AGREE TO THE FOLLOWING STATEMENT AND INDICATE SO BY SIGNING AT THE END OF THE STATEMENT.

The sponsoring organization will be required to provide the city with proof of liability insurance covering the group's specific project activity. The proof for insurance coverage [a certificate of insurance signed by a licensed agent representative of the insurance company] must be current and submitted with the project application or prior to any group project activities.

The sponsoring organization shall indemnify, defend and hold the city harmless for any loss, bodily injury, or damage incurred by the sponsoring organization and/or group members, and/or the result of the sponsoring organization's or group's actions or conduct.

The sponsoring organization shall be responsible at all times for the actions, character, control, supervision and conduct of the group volunteers.

The sponsoring organization understands that any volunteer conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize the public trust in the city of Edgerton shall result in removal of the group from volunteer activities.

The group leader must maintain a list of all group volunteers containing names, addresses and ages; and provide such upon demand for any city approved group project.

All group activities will be by assigned projects. The designated group leader will be responsible for the project completion and supervision of the group members.

I acknowledge that volunteer photographs may be taken for possible use in: news releases, internal publications, promotional and educational materials.

To the best of my knowledge I have answered everything on this application truthfully and have not given any information intended to deceive or commit fraud or made any false statement that might be construed as such.

Applications will be kept on file for 1 year.

Signature

FOR OFFICE USE ONLY:

Type of Volunteer Activity: _____

Volunteer Application: Approved Denied

Signature

Date