



**CITY OF NORTH AUGUSTA**

100 Georgia Avenue  
 Post Office Box 6400  
 North Augusta, SC 29841

**VOLUNTEER APPLICATION**

(Please print)

The City of North Augusta is an Equal Opportunity Employer

**PERSONAL:**

Last Name		First Name		Middle	Sport/Age Group		Date of Birth
Street Address			City	State	ZIP	PHONE	
Email							

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:**

- ❖ As an applicant for volunteering with the City of North Augusta, I have furnished information for use in determining my qualifications. By submitting this application, I hereby authorize the City of North Augusta to conduct a thorough background investigation.
- ❖ I hereby release the City of North Augusta, current and past employers, and references named herein (or in accompanying resume), from liability or damage resulting from providing the information requested.
- ❖ I understand and agree that if approved to volunteer, I have the right to terminate my volunteer commitment at any time, with or without notice and with or without cause, and that the City of North Augusta shall have the same right.
- ❖ If approved to volunteer, I agree to abide by all present and subsequently issued policies and regulations of the City of North Augusta.
- ❖ I understand that **I may have to submit a copy of my driver's license and social security card as part of this application** for the purpose of running a background investigation.
- ❖ I affirm that all statements on this form are true and accurate to the best of my knowledge and understand that any misrepresentation or omission of facts may result in my being disqualified from further consideration or discharged should I already volunteer at the City.

**My signature conveys that I have read, understand, and agree to all the statements listed above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(If applicant is under 18 years) Parent or Guardian signature is required below:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENT USE ONLY**

Department Volunteering for: \_\_\_\_\_ Volunteer's Supervisor: \_\_\_\_\_

Estimated Volunteer Dates: \_\_\_\_\_ to \_\_\_\_\_

*Description of Volunteer Duties:*

**HR USE ONLY**

Screening Date: \_\_\_\_\_ PASS / FAIL

Comment(s): \_\_\_\_\_ HR Signature: \_\_\_\_\_