SOLDOTNA

CITY OF SOLDOTNA

Volunteer Application and Background Check Authorization Form

Volunteer Position and/or Event:_____ Department:_____

Last Name:	First Name:	Middle Name:	
Date of Birth:	Driver's License Number / State		
Home Address (Street):	City:	State:	Zip Code:
Phone (with area code):	Email Address:		

Have you lived outside of Alaska in the last 5 years: ☐ Yes ☐ No

If yes, please provide previous address:

_____

Emergency Contact Name:_____ Phone Number: _____

Criminal History

Have you ever been convicted of a crime? ☐ Yes ☐ No

Are there criminal charges pending against you at this time? ☐ Yes ☐ No

If you answer "yes" to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.

_____

_____

_____

NOTE: The City of Soldotna conducts a criminal records background check on all volunteers. A "yes" response will not automatically disqualify an individual from consideration.

I understand I will not be paid for my services as a volunteer. I also understand that the City of Soldotna is a smoke-free, drug-free, and alcohol free environment and I will not participate if under the influence of alcohol or illegal drugs.

I understand that I will not be allowed to begin volunteer work for the City of Soldotna until a criminal background check has been completed.

_____

Signature Date

Thank you for applying to Volunteer with the City of Soldotna