TOWN OF ROCKY HILL
Department of Human Resources
761 Old Main Street, Rocky Hill, CT 06067
P: (860) 258-7651 F: (860) 257-1109
www.rockyhillct.gov
(Rev. 12/12/2022)

VOLUNTEER APPLICATION
Cora J. Belden Library

INSTRUCTIONS

Thank you for your interest in volunteering your services or time with the Town of Rocky Hill. Please complete and sign this application in full. You may submit this application to the Department of Human Resources, Legal Compliance & Risk Management (hrdept@rockyhillct.gov). The Town of Rocky Hill complies with the EEO and ADA, and encourages applications for volunteer opportunities from all diverse persons and groups.

GENERAL INFORMATION

First Name:	Last Name:	Middle:	Suffix:
Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		
When are you available to volunteer?			
Do you currently have a valid Motor Vehicle Driver's License?		Check One: ☐ YES	☐ NO
State: / License #	If Commercial (CDL), please list class:	If you have endorsements, please list type:	

APPLICANT QUESTIONS

Please explain any employment history or volunteer experience you have with the Town of Rocky Hill.
Please indicate the type of activity in which you are interested (indoor or outdoor, clerical, artistic, research, recycling, etc.).
Describe your experience (professional certifications, community service, training or special licenses) that may assist in your volunteer work (if any certificates or other licenses have expiration dates, indicate the dates):
Explain any affiliation with related groups or organizations (i.e. Audubon Society, Garden Clubs, Volunteer Groups, Friends Groups):

CURRENT EMPLOYMENT

List your current employer. To provide additional employment experience, you may attach a resume to this application.

Job Title:		Check One: ☐ Full Time ☐ Part Time ☐ Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Should we need to reach you, is it permissible to call you at work?		Check One: Yes ☐ No ☐		
		Business Phone:		
Description of Duties:				

REFERENCES

Reference #1	First Name:	Last Name:	Phone Number:
	Email Address:	Relationship:	
Reference #2	First Name:	Last Name:	Phone Number:
	Email Address:	Relationship:	
Reference #3	First Name:	Last Name:	Phone Number:
	Email Address:	Relationship:	

APPLICANT CERTIFICATION / RELEASE

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of volunteering. I further understand that if selected to volunteer, I am required to abide by all policies of the Town of Rocky Hill, including but not limited to the Town's Anti-Harassment Policy and Zero Tolerance Drug and Alcohol Policy. Most volunteer positions require a background, financial, pre-employment medical assessment possibly including a drug test, and/or criminal investigation. I hereby give the Town of Rocky Hill permission and full authority to investigate my background and authorize the release of any such information to the Town of Rocky Hill upon request. The Town of Rocky Hill reserves the right to make the final decision on an applicant's suitability as a volunteer.

Applicant Signature:	**Applicant Printed Name:**	**Date:**
Parent/Guardian Signature: (if applicable)	**Parent/Guardian Signature:** (if applicable)	**Date:**

Note: A typed signature will substitute for a handwritten signature.