



City of Troy Volunteer Policy

A “volunteer” is anyone, who without compensation assists with a City function or program. A “volunteer” must be officially designated by the City prior to serving as a volunteer. Volunteers shall not be considered employees or agents of the City of Troy. No volunteer shall be allowed to volunteer with the City unless the HR Department is notified and the Mayor grants his or her express approval as to a volunteer.

Purpose of Volunteer Policies

The purpose of these policies is to provide overall guidance, structure and direction to staff and volunteers throughout the volunteer experience.

These policies do not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. The City of Troy reserves the right to change any of these policies at any time and to expect adherence to the changed policy.

Safety and Welfare of Volunteers

Safety and welfare of volunteers is paramount. Accepted standards of behavior will be outlined prior to the performance of volunteer tasks/assignments. No volunteer shall be placed in or allow to volunteer in any work area which is inherently dangerous to life and limb (such as for example only, safety sensitive positions). In the event of an injury, appropriate first aid should be administered and if needed emergency services should be contacted. The supervisor will immediately complete an accident report and submit a copy to the Human Resource Director. All minors are to be directly supervised by an adult. Volunteers are strictly prohibited from operating any power tools and no volunteer shall drive any City vehicle.

Screening of Volunteers

All Volunteers shall undergo criminal background checks when background checks are available based on the age of the volunteer. Volunteers who refuse permission to conduct these checks will not be accepted as a volunteer.

Work Site

City staff shall establish an appropriate worksite for all volunteers. This worksite shall contain necessary facilities, equipment, and space to enable the volunteer to effectively, safely and comfortably perform his or her duties. Volunteer work sites are subject to the same safety requirements as are all City work sites. No volunteer shall be placed in an area which is inherently dangerous or hazardous.



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**City of Troy
ADULT VOLUNTEER FORM**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Current Employer: **CITY OF TROY** Position: **YOUTH BASKETBALL**

Please tell us in which areas you are interested in volunteering: _____

Please check days available: Mon Tues Wed Thurs Fri Sat

Times available: From _____ to _____.

Emergency Contact:

Name: _____ Phone: _____

Address: _____

As a volunteer I agree to abide by the policies and procedures for volunteers. I understand that I will be volunteering at my own risk and that neither the City, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the City. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward. I understand I am not a city employee or agent and that my services as a volunteer may be terminated at any time with or without cause. I understand and specifically consent to the City performing any criminal background check of myself at any time while I am serving as a volunteer.

Signature of Volunteer: _____ Date: _____



Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, _____, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a **name-based** search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... *Asterisks denote required information.

Last Name* (required)	First Name* (required)	Middle Name	Maiden Name
Street Address		City, State and Zip Code	
Sex / Gender* (required)	Race* (required)	Date of Birth* (required)	
Social Security Number* (required)		Place of Birth	
Drivers License State		Drivers License #	
Signature* (required)		Date of Signature* (required)	
Name of Employer/Prospective Employer			