



City of Sugar Creek, Missouri  
Volunteer Application

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How Long? \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Are you interested in a specific Committee such as Parks and Recreation Advisory Board, Planning and Zoning Commission, Board of Zoning Adjustment, Barbeque Committee? Please describe any formal/informal training you may have had as a volunteer. Please list any committee or area of the city where you would be interested in volunteering.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hours are you available? \_\_\_\_\_

What Days are you available? \_\_\_\_\_

Have you ever been arrested or convicted of any criminal offense? (**Excluding** minor traffic violations for which the fine was \$200 or less) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain and list ALL prior convictions: \_\_\_\_\_

\_\_\_\_\_

*(The above information is requested so that you will be covered under the City of Sugar Creek Liability insurance as a City of Sugar Creek Volunteer.)*

References, the military, educational institutions, volunteer organizations, civic groups, personal character, and health \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the City of Sugar Creek. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of placement.

I hereby give permission for the Sugar Creek Parks Police Department to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, they may repeat this criminal history check any time.

In the event I volunteer, I understand that all volunteers are subject to dismissal at the discretion of the City of Sugar Creek. If, in the event I choose to cease volunteering, I am free to do so at any time. I also understand that, if selected to volunteer, any misrepresentation made by me completing this application will be considered as sufficient cause for my dismissal without advance notice.

In the event of my selection, I will comply with all rules and regulations as set forth by the City of Sugar. I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

**Full Name: (printed)** \_\_\_\_\_

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

**Social Security #** \_\_\_\_\_ **Driver's License#** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_