Historic Downtown
THREE RIVERS
A MAIN STREET COMMUNITY

# Volunteer Application

The Downtown Development Authority (DDA) offers a variety of volunteer opportunities for adults. Opportunities range from one-time special events to regular shifts.

Volunteers must apply to be a part of the program. Please fill out the application below to be considered for volunteering for the Three Rivers DDA.

Before filling out the Volunteer Application, please read over the Volunteer Policy.

## Volunteer Information

Name:

Preferred to be called (Nickname): Birthdate:

State: Zip:

E-Mail:

Race: Gender:

Address:

City:

Phone:

Have you ever been convicted of an offense, other than minor traffic violations? Yes No
Convictions are not an automatic bar to volunteer placement but are reviewed in relation to the duties you might perform. This information will be used only for volunteer-related purposes and only to the extent permitted by law. If Yes, Please provide details and include charge, date, location, court, and disposition of case.

| Name | Relationship | Phone |
|---|---|---|
| | | |

Applicant Signature: Date:

## Emergency Contact Information

| Name | Relationship | Phone |
|---|---|---|
| | | |

## Volunteer Interests:

Please select any events you are interested in volunteering for. You will be contacted closer to the event to confirm availability:

☐ Art on Main ☐ Sass in the City ☐ HarmonyFest ☐ Other
☐ Christmas Around Town ☐ Spring Clean Up

Do you have any special interests/skills that may help us match you to the best volunteer assignment:

Efforts will be made to reasonably accommodate volunteers with disabilities.
Please specify what accommodation(s) you are requesting:

SIGN & RETURN TO THE THREE RIVERS DDA

Drop off in person or email it to trdda@threeriversmi.org.

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Three Rivers DDA Volunteer/Performer Contract

I will come to all of the shifts that I have signed up for. If for some reason I cannot make it to one of the shifts that I signed up for, I will contact the Three Rivers DDA, at least 24 hours in advance, or as soon as possible. I understand that if I frequently cancel volunteer shifts, the rest of my scheduled shifts may be canceled. If I have any questions or concerns I will contact a staff member of the TR DDA, immediately. By signing below I understand:

- That the TR DDA reserves the right to screen volunteers/performers and to accept or reject any offer to serve as a volunteer;
- That I may be placed in specific locations and positions based on the needs of the DDA;
- That I may be subject to a background check;
- That my service may end at any time for any reason with or without cause and with or without notice;
- That if I am accepted as a volunteer, I will perform all duties on a voluntary basis, of my own free will, and I will not receive payment of any kind for my work and I will not be an employee of the DDA;
- That if I am a paid performer, I will perform all duties from the contract for the amount agreed upon;

Volunteer Signature Date

Print Full Legal Name:

Address:
City:

State: Zip:

Print Email Address:

I request the chance to volunteer at the Three Rivers DDA. I fully understand the nature of the activities described above and the risk of injury or loss of property associated with the activity. By signing, I release the Three Rivers DDA and its employees from any

claims made by me should injury or loss of property occur as a result of my participation.

I certify that all answers provided to questions on this application are true and complete. I understand that falsification of this application may result in my disqualification from volunteer activities. I authorize the City of Three Rivers to make any inquiries about and receive any information about my suitability for volunteer/performer work, including conducting a criminal background check. I give permission to persons contacted to provide such information. I forever waive, release, and covenant not to sue any person or organization for any result providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be as effective as the original. I further understand that there is no compensation for volunteer services, nor will subsidies be paid for transportation, meals, etc. nor will volunteer service lead to employment with the Three Rivers DDA.

Applicant Signature Date

Print Name of Applicant:

Emergency Phone Number: Name:

2nd Emergency Number: Name: