

**TOWN OF WYTHEVILLE VOLUNTEER PROGRAM
VOLUNTEER/STAFF AGREEMENT**

The Volunteer Program will provide:

- An interesting opportunity to provide public service
- Professional orientation and training
- A supportive climate where volunteers can perform and grow
- Meaningful, necessary tasks to be done
- Recognition and reaffirmation of each individual's worth
- Opportunity for new friendships
- A chance to serve the community
- An opportunity to contribute to the enhancement of the quality of life for all of the citizens of Wytheville and Wythe County

As a volunteer, we ask you to:

- Choose an assignment appropriate to your interests, abilities, and time
- Participate in all orientation and training programs
- Work the determined number of hours and schedule agreed upon with the department director
- Be prompt and reliable in reporting for assignment
- Follow prescribed procedures of job performance and timekeeping and instruction of the supervisor
- Notify the department supervisor as early as possible if unable to report or find a replacement
- Notify the supervisor of replacement's name and phone number
- Share in evaluations
- Inform the department supervisor at least two weeks in advance of resignation or planned absence
- Abide by department or agency rules and safety policies
- Understand that with any undertaking, there are risks and, to that, injuries received in volunteer service are not compensable under Workers' Compensation
- Enjoy yourself and let us know how to better our Volunteer Program
- Understand that failure to abide by the Volunteer Program policies or procedures may result in termination

I, the undersigned, certify that I have read and understand the Town of Wytheville Volunteer Resources Manual and that I agree to abide by the policies, procedures, and ethics of this manual and the provisions of this agreement.

Signed this ____ day of _____, 20__ AUTHORIZATION

Volunteer Name (Please Print)

Department Supervisor

Volunteer Signature

Department Director

Human Resource Manager

TOWN OF WYTHEVILLE

COUNCIL-MANAGER FORM OF GOVERNMENT SINCE 1924

TOWN COUNCIL

MAYOR
BETH A. TAYLOR

VICE-MAYOR
CATHY D. PATTISON

COUNCIL MEMBERS
HOLLY E. ATKINS
MARK J. BLOOMFIELD
GARY L. GILLMAN



Wytheville...there's only one!

P.O. BOX 533
150 EAST MONROE STREET
WYTHEVILLE, VIRGINIA 24382-0533
TELEPHONE (276) 223-3333
WWW.WYTHEVILLE.ORG

TOWN MANAGER
BRIAN FREEMAN
(276) 223-3450

TOWN TREASURER
MICHAEL G. STEPHENS, MGT
(276) 223-3333

CLERK OF COUNCIL
SHERRY G. CORVIN, CMC
(276) 223-3349

TOWN ATTORNEY
MICHELLE WORKMAN CLAYTON
(276) 223-3393

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge my receipt of the Town of Wytheville's Volunteer Resources Program and Background Check Policy for Town Volunteers. I understand that these rules, policies, and other administrative provisions for volunteer administration are established for information and administration of the volunteer program of the Town of Wytheville. I understand that I may not begin participating prior to the completion of a background investigation and approval of my Volunteer Program Agreement.

Signature of Volunteer

Date

TOWN OF WYTHEVILLE

VOLUNTEER APPLICATION

VOLUNTEER'S NAME _____
First Middle Last

STREET ADDRESS _____
City State Zip Code

TELEPHONE NUMBER (Home) _____ (Work) _____

EMAIL ADDRESS _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

EMERGENCY CONTACT: _____
Name Phone Number

Relationship To Applicant _____

VOLUNTEER POSITION INTERESTED IN: _____

List any past experience relevant to the volunteer position for which you are applying.

List any reason(s) why you would not be able to perform consistently and promptly any of the duties of the volunteer position for which you are applying.

Have you ever been convicted* of any traffic violations (this isn't necessarily a reason to not be approved, **you need to list everything to be considered**), any law violation or sexual offense, excluding offenses committed before your eighteenth birthday with the exception of the following: Conviction include juvenile adjudications for Capital Murder, First and Second Degree Murder, or Aggravated Malicious Wounding? (A conviction itself does not constitute an automatic bar for employment and will be considered as it relates to the volunteer position applied for.)

____ Yes ____ No

If yes, please explain

CERTIFICATION

I hereby certify that all entries on this application are true. I understand that all information on this application is subject to verification, and I consent to references and former employers being contacted regarding this application.

Applicant Signature _____ Date _____

BACKGROUND REPORT RELEASE FORM

PLEASE READ CAREFULLY

This is to notify you that in connection with your application for employment or temporary assignment we may produce a consumer report. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living as part of the process. In the event that information gained from these reports is utilized, either in whole or in part, in making an adverse decision we will provide you with a copy of the consumer report and a description of your summary of rights under the Fair Credit Reporting Act (FCRA) before making an adverse action.

This information may be obtained by contacting your present and previous employers or references supplied by you. The report may cover information including, but not limited to, criminal history reports, and any public records i.e. driving records, education and licensing verifications, personal reference verifications, federal and state blocked party information, medical professional sanctions and Social Security number verification.

Please be advised that you have the right to request a copy of the consumer report in a reasonable amount of time (60 days). We will make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I am authorizing the Town of Wytheville to prepare a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize the Town of Wytheville to obtain additional consumer reports or investigative consumer reports on me to evaluate my reliability for purposes of determining continued access authorization. I also acknowledge that the Town of Wytheville will provide me with a copy of my summary of rights under the fair credit-reporting act (FCRA) if needed.

I additionally authorize all entities having information about me including present and former employers, criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the below indicated party or the Town of Wytheville and to Partnership Screening as the investigative consumer reporting agency, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information without exception.

Type Name of Requester: TOWN OF WYTHEVILLE

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

Date: _____ Authorized Signature: _____

Subject/ First Name: _____ Middle _____ Last _____

Address: _____ City: _____ ZIP Code: _____

Previous Address: _____ City: _____ ZIP Code: _____

Subject email address: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Driver's License Number: _____ State Issued: _____

I request a free copy of the report.

The information that you provide on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background screening process and will not be used in any way in making an employment or assignment decision

FOR OFFICE USE ONLY

Date Received: _____ Date Completed: _____ Date Dept. Head Notified: _____

Completed By: _____

**CONFIDENTIAL PERSONNEL RECORD
REQUEST FORM**

**TOWN OF WYTHEVILLE
P. O. BOX 533
WYTHEVILLE, VA 24382**

Please Print

THIS FORM IS TO BE FILLED OUT WHEN THE EMPLOYEE REQUESTS TO SEE, OR HAVE COPIED, ANY INFORMATION CONTAINED IN THE EMPLOYEE'S PERSONNEL FILE. MEDICAL RECORDS ARE EXCLUDED AND CANNOT BE OBTAINED WITH THIS FORM.

LAST FIRST MIDDLE

WHO IS REQUESTING INFORMATION? Volunteer

WHAT RELATIONSHIP IS THIS PERSON TO EMPLOYEE? Self

WHAT INFORMATION IS BEING REQUESTED? Copy of Background Informaiton

WHY IS THE INFORMATION BEING REQUESTED? Required by law

SIGNATURE OF VOLUNTEER DATE

HUMAN RESOURCE APPROVAL

WAS INFORMATION COPIED? _____ WHAT INFORMATION WAS COPIED? _____

SIGNATURE OF PERSON MAKING COPY DATE COPIED

HUMAN RESOURCE MANAGER APPROVAL DATE