

**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

\_\_\_\_\_  
Town Manager

# TOWN OF WYTHEVILLE

COUNCIL-MANAGER FORM OF GOVERNMENT SINCE 1924

TOWN COUNCIL  
  
MAYOR  
TRENTON G. CREWE JR.  
  
VICE MAYOR  
JACQUELINE K. KING  
  
COUNCIL MEMBERS  
THOMAS F. HUNDLEY  
JOSEPH E. HAND, JR.  
BETH A. TAYLOR



*"The Hub of Southwest Virginia"*

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

TOWN MANAGER  
C. WAYNE SUTHERLAND JR.  
(276) 223-3350  
  
ASSISTANT TOWN MANAGER  
STEPHEN A. MOORE, AIA  
(276) 223-3352  
  
TOWN TREASURER  
MICHAEL G. STEPHENS, MGT  
(276) 223-3335  
  
TOWN CLERK  
SHARON G. CORVIN  
(276) 223-3349

## 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.

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Signature of Volunteer

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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, credit reports, 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 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 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 TOWN OF WYTHEVILLE has provided me with a copy of my summary of rights under the fair credit-reporting act (FCRA).

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 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.

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: \_\_\_\_\_

**Please write/print legibly**

Subject/Applicant Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

All Aliases/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

*The information 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 \_\_\_\_\_ 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.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

WHO IS REQUESTING INFORMATION? Volunteer

WHAT RELATIONSHIP IS THIS PERSON TO EMPLOYEE? Self

WHAT INFORMATION IS BEING REQUESTED? Copy of Background Information

WHY IS THE INFORMATION BEING REQUESTED? Required

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**HUMAN RESOURCE APPROVAL**

WAS INFORMATION COPIED? \_\_\_\_\_ WHAT INFORMATION WAS COPIED? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING COPY

\_\_\_\_\_  
DATE COPIED

\_\_\_\_\_  
HUMAN RESOURCE MANAGER APPROVAL

\_\_\_\_\_  
DATE