



CITY OF BETHEL VOLUNTEER APPLICATION

The City of Bethel seeks volunteers to assist in COVID-19 relief efforts. Opportunities in multiple areas exist.

A - PERSONAL INFORMATION

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Main/Home Phone: _____ Alternate Phone: _____
Email Address: _____

B - EMERGENCY CONTACT

First Name: _____ Last Name: _____
Main/Home Phone: _____ Alternate Phone: _____

C - INTERESTS & SKILLS

What type of volunteer work are you interested in? Food Medical Security Administration Janitorial Services
 Environment Public Safety Health and Human Services Other*

*If Other, please list: _____

Please list department program name(s) of interest to you:

List any of your special skills / training: _____

Do you speak other languages? If yes, please indicate language and level of proficiency:

Language: _____

Language: _____

Native Speaker		Able to Translate?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

D - EDUCATION

Highest

Level Education: High School Specialized Training or Trade School College or University Post Graduate or Above Other (specify): _____

E - EXPERIENCE

Do you have any previous volunteer or medical experience? Yes No

If yes, please explain: _____



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Current Employment Status: Employed - Full Time Employee - Part Time Self Employed Unemployed Retired

Current / Most Recent Employer: _____ **Length of Employment:** _____

Work Address: _____ **Phone:** _____

F - MATCHING INFORMATION

Approximate length of time you will volunteer: 1 - 3 months 3 - 6 months 6 or more months

Estimated time commitment during assignment: 1-16 hrs / week 17-24 hrs / week More than 24 hrs / week

When can you start? _____ **Indicate your hours of availability below (e.g. 8am**

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>



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G - PARENT / GUARDIAN INFORMATION (REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE)

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Main/Home Phone: _____ Email Address: _____
Signature: _____ Date: _____

H – APPLICANT’S SIGNATURE

I UNDERSTAND THAT ONCE I AM FORMALLY DESIGNATED AS A CITY OF BETHEL VOLUNTEER, I AM SUBJECT TO ALL RULES AND REGULATIONS GOVERNING THE PROGRAM, AS SET FORTH BY THE CITY OF BETHEL.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS VOLUNTEER INTEREST FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSE STATEMENTS OR ANSWERS WILL BE GROUNDS FOR DISQUALIFICATION.

IN THE INTERESTS OF PUBLIC HEALTH AND SAFETY, ALL CITY OF BETHEL VOLUNTEERS MAY BE REQUIRED TO PASS A BACKGROUND CHECK AND MEDICAL TESTING BEFORE THEY BEGIN VOLUNTEERING. DEPARTMENTS MAY REQUIRE AN ADDITIONAL APPLICATION FOR PLACEMENT.

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK and INDEMNITY AGREEMENT

I understand that damages may be caused by my own actions or inactions, the actions or inactions of others, and the evolving nature of this public health pandemic emergency. I further acknowledge that I am aware of, have reviewed, and understand current state and local alerts, guidelines, statements, and mandates regarding the COVID-19 public health emergency pandemic. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will discontinue further volunteer activities. I fully understand that volunteering involves risk and dangers of serious bodily injury or death, and that there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. I agree to assume all such risks and responsibility of losses, costs, and damages incurred as a result of or in connection with my volunteer activities. I hereby release, discharge, covenant not to sue, and agree to hold harmless the City of Bethel, their representative administrators, directors, agents, officers, volunteers, employees, or contractors and, if applicable, owners and lessors of the premises on which the volunteering takes place (hereafter collectively "releases"), from **all liability, claims, demands, losses, or damages on account of, or alleged to be caused in whole or in part by, the releases.** I further agree that if I, or anyone on my behalf, makes a claim against any of the above-named releases, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as a result of any such claim. I have read the foregoing statements and fully understand them. I understand that I am waiving substantial rights and have signed below freely and without inducement or assurance of any nature. I intend the foregoing to be a complete and unconditional release of liability to the greatest extent allowed by law, and agree that if any portion of this waiver and release of liability, assumption of risk, and indemnity agreement is held to be invalid by a court of competent jurisdiction, the balance of this waiver and release of liability, assumption of risk, and indemnity agreement shall continue in full force and effect.

Signature: _____ Date: _____

I – SUBMISSION

PLEASE SUBMIT THE SIGNED VOLUNTEER INTEREST FORM TO THE HUMAN RESOURCES DIRECTOR AT CITY OF BETHEL, HUMANRESOURCES@CITYOFBETHEL.NET OR THE YK DELTA JOB CENTER AT YKDELTA.JOBCENTER@ALASKA.GOV