



**City of Centerville**  
**CIVIC Municipal Volunteer Program**  
**The Golf Club at Yankee Trace Application**

Thank you for your interest in serving as a CIVIC Municipal Volunteer.  
Please complete the forms included in the packet and return to  
Laura Filaseta, Volunteer Coordinator.  
Call 433-4716 with any questions.

\_\_\_\_ Application

\_\_\_\_ Emergency Contact

\_\_\_\_ Volunteer Release and Waiver

\_\_\_\_ Volunteer Interest

\_\_\_\_ Policy against Unlawful  
Harassment and/or Discrimination

\_\_\_\_ Volunteer Disclosure



**CITY OF CENTERVILLE  
CIVIC Municipal Volunteer Program  
GOLF CLUB AT YANKEE TRACE**

Name \_\_\_\_\_

Address \_\_\_\_\_ City, \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_  
(month) (day)

Are you able to perform the essential functions of this position with or without reasonable accommodations  Yes  No

If you expect any need for reasonable accommodation, please explain \_\_\_\_\_

Present/Previous Employment, (description of work and years employed) \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Education (check highest level attained)

High School Graduate  Some College Courses  College Graduate  Advanced

Degree or Major \_\_\_\_\_ Special Training \_\_\_\_\_

If you are a Centerville resident, how long have you lived here? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

There shall be no discrimination against an otherwise qualified volunteer by reason of disability, age, race, color, ethnicity, sex, creed, national origin, citizenship or socio-economic status.

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Interview scheduled \_\_\_\_\_ Copy to department \_\_\_\_\_

Additional volunteer interests \_\_\_\_\_

Placement \_\_\_\_\_ Packet \_\_\_\_\_ file \_\_\_\_\_

**The Golf Club at Yankee Trace**

**This must be completed and returned along with the Volunteer Application**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Volunteer Program**

- The Golf Club at Yankee Trace Volunteer Program runs April 1 through October 31.
- Each volunteer is required to find a substitute for shifts you cannot work.
- All Yankee Trace staff is trained in First Aid and defibrillator equipment (AED). **First Aid/AED Training is REQUIRED** for all Greeters/ Player Assistants and North Shuttle. Certification is good for two years, classes are offered at no charge, and scheduled each year.

The following positions are offered. Note that not all are available:

**Golf Course Prep & Beautification:**

- 6 Hours: One 4-hour shift Mon.- Fri., and one 2-hour shift on either Sat. or Sun.
- 6 Hours: Two 3-hour shifts, weekends only: both Sat. and Sun., early morning hours.
- 7 Hours: Two 3.5 hour shifts, twice a week, Mon. – Fri., early morning hours.

**Greeter/Player Assistant/Shuttle Driver: The 675 Plan**

- 6 Hours: **Greeter/Player Assistant:** Volunteer on Saturday or Sunday:  
Shifts: 6:30 a.m. – 12:30 p.m. or 12:30 p.m. – 6:30 p.m.
- 7 Hours: **Greeter/Player Assistant:** Volunteer Mon., Tues., Wed., Thurs., or Fri.
  - Shifts: 6:45 a.m. – 1:45 p.m. or 1:45 p.m. – 8:45 p.m.
- 5 Hours: **Shuttle Driver:** Shifts: Mon. – Fri., 3 p.m. – 8 p.m., and Sat. or Sun., 1 p.m. – 6 p.m.
- Each volunteer working as Greeter/Player Assistant and North Range Shuttle will be trained to work all three areas.

I am interested in volunteering for the following positions: Please mark all positions of interest.

**Guest Relations**

\_\_\_ Greeter/Player Assistant

\_\_\_ North Range Shuttle

**Course Beautification**

\_\_\_ Golf Course Prep

\_\_\_ Landscaping (flowers)



YEAR \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**This information must be updated annually**

\_\_\_ **CHECK HERE** if your contact information has changed since last year

### PLEASE PRINT ALL INFORMATION

Volunteer Area(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip code

Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### In case of emergency please contact: (need two contacts)

1) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Doctor's Information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



## **City of Centerville PRE-VOLUNTEER DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER PURPOSES**

*Please Read Carefully Before Signing the Authorization Form*

### **DISCLOSURE**

In considering you for volunteer position and, if you are selected for the position, in considering you for subsequent assignment, reassignment, retention, or discipline, the City of Centerville (“the City”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the City can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



## City of Centerville Pre-Volunteer Authorization Form

I have read and understand the foregoing Disclosure, and authorize the City of Centerville to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the City to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Dates Lived Here: \_\_\_\_\_

Other Names Uses: \_\_\_\_\_ Years Used: \_\_\_\_\_  
(Including maiden name)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Email:  
\_\_\_\_\_

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## City of Centerville Release and Waiver of Liability for Voluntary Services

**Waivers and Release.** I hereby release and forever discharge and hold harmless the City of Centerville (hereinafter “Centerville”), and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Centerville. I understand and acknowledge that this Release discharges Centerville from any liability or claim that I may have against Centerville with respect to any bodily or other physical injury, illness, death or property damage that may result from my voluntary participation. I also understand that Centerville does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

**Insurance.** I understand that Centerville may elect to provide group accident or other liability insurance for the benefit of its volunteers. The policy language will govern any coverage so provided. Except to the extent that it may provide such insurance, Centerville does not carry or maintain any health, medical, or disability insurance coverage for the benefit of its volunteers, or workers’ compensation coverage for the benefit of non-emergency volunteers, and expressly disclaims any responsibility or obligation to do so. As a volunteer, I am expected and encouraged by Centerville to maintain medical, health, and all other applicable insurance coverage for my own benefit. Centerville only provides automobile liability insurance coverage to volunteers when a City car is driven to complete their duties. If you are driving your own vehicle while performing volunteer duties, your insurance carrier will provide the coverage.

**Summary of Liability Coverage for Volunteers.** The City of Centerville has liability insurance coverage to protect employees and other covered persons (as outlined in the Liability Coverage Document 2012LY24A) in the areas of Personal Injury Liability, Property Damage Liability, Public Officials Errors and Omissions Liability, Unfair Employment Practices Liability, and Employee Benefit Liability. Volunteers of the City of Centerville and members of any other committees, boards or commissions are considered *covered persons* under this liability insurance coverage while acting for or on behalf of the City of Centerville and within the course and scope of their involvement. Certain exclusions apply.

**Medical Treatment.** Except as otherwise agreed to by Centerville in writing, I hereby release and forever discharge Centerville from any and all liability claims, demands and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Centerville.

**Accident Reports.** If you observe or are involved in an accident while performing city volunteering duties, report the incident immediately to your staff liaison and complete required accident reporting forms, as instructed. In the case of an emergency or if you are involved in a traffic accident, call 9-1-1 to report your location and any injuries. Seek medical attention as necessary.

**Assumption of Risk.** I understand that my participation with Centerville and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Centerville may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Centerville from all liability for injury, illness, death and/or property damage that may result.

**Photographic Release.** I do hereby grant and convey unto Centerville all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Centerville or made with its consent, during my participation with any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Centerville, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Suitability for Volunteer Service.** I understand that by offering to serve in a volunteer capacity for Centerville, I do so at the sole pleasure of Centerville, and as such Centerville has the last and final judgment on my suitability for volunteer service and may, at any time, discontinue the relationship. I may also discontinue the relationship at any time I wish.

**Other.** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with federal, state, county and city laws. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.

_____	_____
Print Volunteer Name	Date
_____	_____
Signature of Volunteer	Date
_____	_____
Signature of Parent or Guardian if volunteer under age of 18	Date



# **City of Centerville Policy**

## **Against Unlawful Harassment and/or Discrimination**

The City of Centerville strives to maintain a workplace that fosters mutual employee respect and promotes harmonious, productive working relationships. Any harassment or discrimination based on sex, race, color, religion, national origin, age, disability or any other protected status by law is prohibited. This policy applies to all employees, Centerville Volunteer Board and Commission members and CNIC Municipal Volunteers throughout the organization and all individuals who may have contact with any employee, Centerville Volunteer Board and Commission members or CNIC Municipal Volunteer of this organization. Furthermore, the City of Centerville will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

### Guidelines:

- A. No supervisor shall threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee with regard to such employment conditions as hiring, termination, promotion, wages or a significant change in benefits, or that an employee's acceptance of sexual advances will positively affect an employee with respect to such employment conditions. This policy confirms that submission to unwanted advances will never constitute an actual condition of employment. Any representation to the contrary is not to be relied upon. Immediate reporting of such unwanted advances is mandatory.
- B. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other offensive conduct that is either sexual in nature or directed at someone because of his or her gender. Sexual harassment undermines the employment relationship by creating an intimidating, hostile or offensive work environment.
- C. Harassment, whether sexual or based on characteristics listed above, may take many forms. By way of example, harassment, under this policy, may include:

**Verbal Conduct** - such as epithets, derogatory jokes or comments, name calling, innuendos, demeaning slurs, or unwanted sexual advances.

**Visual Conduct** - such as leering, derogatory and/or sexually oriented posters, photography, cartoon drawings, graffiti, electronic mail, or gestures.

**Physical Conduct** - such as assault, offensive touching, blocking of normal movement, or interfering with work.

**Threats or Demands** - to submit to sexual requests as a condition of continued employment benefits.

The City of Centerville will not tolerate any such conduct. Personnel who violate this policy may be disciplined or terminated.

- D. Please remember that it is everyone's responsibility to maintain a harassment and discrimination-free work atmosphere. Employees who have a complaint or concern about possible harassment or discrimination in connection with incidents they have experienced or of which they are aware are required to report such complaint or concern immediately.
- E. Complaint Procedure: Any employee who experiences or observes conduct believed to constitute harassment and/or discrimination should firmly and clearly tell the person engaging in the harassing and/or discriminating conduct that it is unwelcome, offensive and should stop at once. The employee is required to immediately report any discrimination and/or harassment to his or her immediate supervisor, Department/Division head, to the Personnel Officer, to the City Manager, or to the Law Director so that the incident may be fairly investigated and appropriate remedial action needed may be taken.
- F. The City of Centerville will conduct an investigation in as confidential a manner as possible. A timely resolution of each complaint will be reached and communicated to the employee and the other parties involved. Appropriate disciplinary action, up to and including termination, will be taken promptly against any employee engaging in harassment and/or discrimination.
- G. Retaliation against any employee for filing a complaint or participating in an investigation is strictly prohibited. Any employee who believes he or she is being subjected to retaliation should promptly report this to one of the individuals listed above. Complaints of retaliation will be investigated, and, where appropriate, may lead to disciplinary action up to and including termination. Additionally, any employee who knowingly makes a false claim of harassment and/or discrimination will be subject to disciplinary action up to and including termination.

NAME: \_\_\_\_\_  
(Print) (Volunteer Area)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature)