



**City Hall**

316 West Lake Street  
Chisholm, MN 55719

Tel: (218)254-7900 Fax: (218)254-7955

www.ci.chisholm.mn.us

**CITY OF CHISHOLM VOLUNTEER APPLICATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Are you under the age of 18?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Email Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Emergency Contact Information:**

**Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Training/Certifications, Skills, and Hobbies:**

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**Community Affiliation (clubs, service organizations, etc.):**

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**Reason for Volunteering:**

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**Do you have a participant(s) in the program?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**All Coaches must complete:**

- 1. A Criminal Background Check**
- 2. Complete the Volunteer Waiver Form/Release of Liability**
- 3. Complete online Concussion Training.**



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**City of Chisholm  
 Volunteer Waiver  
 Release of Liability Agreement**

**Volunteer Name:** \_\_\_\_\_

**Parent signature if participant is under 18 years of age:** \_\_\_\_\_

**Volunteer Position:** \_\_\_\_\_

**Date(s) of Activity(s):** \_\_\_\_\_

This agreement is hereby made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by and between the City of Chisholm (hereinafter "City" or "the City") and the party whose name appears above and in the signature block below (hereinafter "Volunteer"). The purpose of this agreement is to make clear the relationship between the parties, and to establish certain protections for the benefit of the City.

**WHEREAS**, the City of Chisholm is a political subdivision and governmental unit duly formed and operated under the laws of the State of Minnesota; and

**WHEREAS**, Volunteer wishes to donate time and effort on a volunteer basis altruistically and for the benefit of City activities that promote the benefit of members of the community; and

**WHEREAS**, Volunteer understands that said volunteer activities are or may be dangerous and do or may involve risks of injury, loss or damage. Volunteer further acknowledges that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the volunteer activities; and

**WHEREAS**, it is not and has never been the intent of the City to partner, join, or create a common endeavor with Volunteer, and the parties expressly acknowledge that Volunteer shall not by virtue of the activities contemplated by this agreement create an employment, joint venture, joint enterprise, independent contractor, nor any other formal legal relationship with the City. The parties are completely independent of each other in all respects.

THEREFORE, Volunteer and City do hereby acknowledge and agree as follows:

1. volunteer hereby agrees to hold harmless and indemnify the City of Chisholm from any and all claims of any nature whatsoever, including, but not limited to, personal injury and property damage, or loss of any nature arising from Volunteer's utilization of any City street, alleyway, right of way, or property in conducting its volunteer activities as contemplated in this Agreement.
2. This **Volunteer Waiver Release of Liability Agreement** shall be effective as of the date set forth above and shall be binding upon me, my successors, representatives, heirs, executors, assigns and transferees.
3. The activities undertaken by Volunteer pursuant to the role as heretofore defined shall be on a volunteer basis and not for any compensation.

**VOLUNTEER:**

**CITY OF CHISHOLM:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_



# CHISHOLM POLICE DEPARTMENT

Vernon J. Manner  
Chief of Police

301 West Lake Street • Chisholm, MN 55719  
Tel: (218) 254-7916 • Fax: (218) 254-7939

email: police@ci.chisholm.mn.us

## RELEASE AUTHORIZATION OF CRIMINAL HISTORY AND DRIVER'S LICENSE HISTORY

\_\_\_\_\_  
**Please Print Name: (Last, First, Middle)**

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
(date of birth)

DL Number: \_\_\_\_\_

Have you ever resided in another state after age 18?

I hereby authorize the Chisholm Police Department, acting on behalf of the City of Chisholm, to investigate my personal criminal history and driver's license history and status. I understand the results of said investigation may be consideration for the position of \_\_\_\_\_

I understand that the release of this information to the Chisholm Police Department and City of Chisholm fully complies with the City Ordinance No. 30.16. Furthermore, this consent form and investigation conducted for employment purposes fully complies with Minnesota Statutes Chapter 13 regarding the collection, maintenance and use of the information.

Date: \_\_\_\_\_

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

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