City of Bloomfield Volunteer Form

The City of Bloomfield appreciates your service and we will do our utmost to ensure that your volunteer experience is rewarding, productive and safe. We are committed to respecting your skills and individual needs within the limitation of these requirements. We ask your cooperation in following these rules & guidelines.

1. **Dress Code**. I will dress appropriately for my job; sandals, tank tops, shorts, and offensive clothing are not allowed. I will conceal tattoos and body piercings (other than standard ear piercings). All volunteers may be required to wear a name badge for security and for easy identification.

2. **Discrimination and Harassment**. The City prohibits discrimination or harassment on the basis of race, color, national origin, religion, gender, age, disability, sexual orientation or any other characteristic protected by law. All incidents of discrimination and harassment must be reported to the Human Resources Department, where they will be investigated, and if confirmed, discipline imposed.

3. **Drug Free Workplace**. Substance abuse poses health and safety risks to employees, volunteers and the public. The United States Government requires that the City provide a Drug Free Workplace. Use of controlled drugs or alcohol at work is prohibited. Random drug testing may occur, and I will be subject to dismissal if I test positive on the first offense.

4. **E-Mail, Internet and Voice Mail**. I understand that my use of the City's e-mail system, the Internet and the voice mail system constitutes my consent to all the terms and conditions of that policy. In particular, I understand that (1) the e-mail, Internet and voice mail systems and all information transmitted by, received from, or stored in those systems are City property, (2) the systems are to be used only for business purposes and not for personal purposes, and (3) I have no expectation of privacy in connection with the use of these systems. I consent to the City's monitoring my use of these systems at its discretion.

5. **No Smoking**. By state law, there is no smoking of any kind (including smokeless tobacco) in any City facility, building, property, or vehicle, and within 50 feet of any entrance.

6. **Health and Hygiene**. If you are ill, refrain from volunteering. Proper hygiene is required; including keeping your work area clean.

7. **Be safe.** Don't lift objects over 20 pounds; Ask for help if you need assistance. Report any injuries, possible hazards or unsafe activities to staff immediately; running, shouting, and horseplay are not permitted. In addition, all personal belongings, purses, backpacks, computers, etc., should be left in your vehicle. The City of Bloomfield assumes no responsibility for damage to or loss of personal property of volunteers

8. **Follow instruction** and complete duties as assigned. I understand that I will be asked to discontinue volunteering and leave the premises if I do not follow all the above requirements and show good judgment.

9. Be Respectful. The City's goal to treat the public fairly and with respect, and that the volunteer acknowledges that he/she will do so in carrying out his/her responsibilities?

I have read and understand my responsibility to follow these rules while I am a volunteer for any of the City of Bloomfield departments.

Volunteer's Printed Name: _____

Volunteer's Signature: _____ Date: _____

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Volunteer Print Name: _____

Address: _____ City _____
State/Zip_____

Phone: _____ Email _____

Emergency Contact Name: _____ Phone:_____

Do you have any physical limitations medical/physical restrictions and/or limitations? Pease provide us with this information before starting work.

_____

_____

Please list the location(s), day(s) and time(s) that you are committing to volunteer:

Site Location: ☐City Hall ☐Fire Department ☐Police Department ☐Court ☐Library ☐Senior Center ☐Other Location _____

Days & Times available: ☐Mon _____ ☐Tue _____ ☐Wed _____

☐Thu _____ ☐Fri _____ ☐Sat _____

I, _____ hereby authorize the City of Bloomfield Human Resource Department or the City of Bloomfield Police Department to thoroughly investigate my background and suitability to volunteering. Any information obtained could be confidential or privileged in nature. In addition, I hereby release the City of Bloomfield, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Volunteer's Signature: _____ Date: _____

Address: _____

County of San Juan, State of New Mexico

Subscribed and sworn to before me by _____ on this ____day of _____, 20_____.

My commission expires: _____

Notary Public

I, the Volunteer/Participant, release and hold harmless the City of Bloomfield. I do hereby waive, release and forever discharge the City of Bloomfield, its elected officials, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation either in law or in equity, which arise or may hereafter arise from my volunteer/participation in work with the Organization.

Volunteer's Printed Name: _____ Signature: _____