MOORE VOLUNTEER PROGRAM

be a member of the team

City of Moore
Oklahoma

Office of the City Manager | 301 N. Broadway, Moore, OK 73160 | (405) 793-5200 | www.cityofmoore.com

"CITY OF MOORE" VOLUNTEER PROGRAM

VOLUNTEER INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____
CITY ZIP CODE

PHONE NUMBER: (HOME) _____ (MOBILE) _____

EMERGENCY CONTACT: _____
NAME NUMBER

PRESENT/PREVIOUS OCCUPATION: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

_____

I WOULD LIKE TO VOLUNTEER FOR THE CITY OF MOORE BECAUSE

_____

_____

_____

_____

_____
SIGNATURE OF VOLUNTEER

CITY OF MOORE
COMMUNITY SERVICE/VOLUNTEER AGREEMENT

This agreement is made and entered into on the _____day of _____,

20_____, by and between the City of Moore and _____.

I,_____, have agreed to participate in the City of Moore's

Community Service/Volunteer Program. I understand that I am not an employee of the City of Moore or entitled to any payment for services rendered. I further understand that as a volunteer/community service worker, I am not covered by workers' compensation benefits or other insurance for injuries which may occur during this service. I acknowledge that I am a volunteer/community service worker under the purposes of the Fair Labor Standards Act.

_____

SIGNATURE OF VOLUNTEER/COMMUNITY SERVICE WORKER

ANYONE VOLUNTEERING OR DOING THEIR COMMUNITY SERVICE AT THE MOORE ANIMAL SHELTER, A TETANUS SHOT IS REQUIRED. YOU CAN CALL THE MOORE HEALTH DEPARTMENT AT 794-1591 FOR MORE INFORMATION. IF YOU HAVE HAD A TETANUS SHOT IN THE LAST 7 YEARS PLEASE WRITE THE APPROXIMATE DATE OF THE SHOT:

_____Signature:_____

Subscribed and sworn to before me this _____day of _____, 20_____.

_____

NOTARY PUBLIC

_____

MY COMMISSION EXPIRES: