



City of Saratoga Springs Volunteer Application

FULL LEGAL FIRST NAME MIDDLE NAME LAST NAME

Previous/Current Names/Nicknames/Aliases: _____

Mailing Address _____ City _____ State ____ Zip _____

Address (no PO Box) _____ City _____ State ____ Zip _____

Phone H _____ W _____ Cell _____

Email _____ Fax _____

Emergency contact name _____ Phone number _____

Current Employment & Employer _____ Profession _____

Have you been convicted of a felony within the past five years? YES NO

If YES, please explain _____

Program/Location volunteering for _____

Sport _____ Have you played this sport before? _____ # of years of Experience: _____

Coaching ____ Head ____ Assistant - Shirt Size ____ : for Child(ren)'s Name(s): _____ Grade(s): _____

Any Special Request: _____

If you have a disability, what accommodations would you need to do this position? _____

Please provide two personal or professional references:

Name	Phone Number	Relationship	Name	Phone Number	Relationship
1. _____	_____	_____	2. _____	_____	_____

If you are under 21, please complete the following:

Parent/Legal Guardian's Name(s): _____ Contact #: _____

Address _____ City _____ State ____ Zip _____

I affirm under penalties of perjury that all statements made on this application are true. I understand that my NY State driver license is subject to investigation and verification and that a misstatement may disqualify me from being an independent contractor/volunteer.

It is the parties intention that the Individual will be an independent contractor and not the City's employee for all purposes, including but not limited to, the application of the Fair Labor Standards Act, minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the New York State Revenue and Taxation Law, the New York State Workers' Compensation Law and the New York State Unemployment Insurance Law.

The Individual shall indemnify and hold the City harmless from all losses, injuries or damages, and wages or overtime compensation due to the Individual or his/her employees in rendering services pursuant to this Agreement, including payment of reasonable attorneys' fees and costs in the defense of any claim made under the Fair Labor Standards Act or any other federal or state law.

SIGNATURE: _____ **DATE:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____