



## Volunteer Application (please print)

Full legal name	Last	First	Middle	Date of birth	
Maiden, alias, or former name(s)				<input type="checkbox"/> Male <input type="checkbox"/> Female Other	
Address			City	State	Zip
Email address			Phone		

### Emergency Contact Information

Emergency contact name		Relationship
Day phone	Evening phone	

### Areas Of Interest (check all that apply)

- Community Cleanup      Describe the type of volunteering you would like to do at the City of Hibbing
- City Events
- Fire Department Events
- Library
- Parks
- Police Department Events      What days of the week and times are you available to volunteer?
- Other: \_\_\_\_\_

### Volunteer Experience (list most recent first)

### Staff Use Only

Received By: \_\_\_\_\_  Received Date: \_\_\_\_\_

## Tennessee Warning

The information you supply on this volunteer application will be used to assess your qualifications for the City of Hibbing's Volunteer Program. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applicants, to identify you in our volunteer files, to match you with an appropriate volunteer opportunity, and to contact you for volunteer interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, birth date, home address, home phone number, and driver's license number. If you are considered eligible for a volunteer vacancy, your name will become public data. If you are placed as a volunteer with the City of Hibbing, all information you supply on this application will become public except your home street address and home phone number.

## Acknowledgements & Waiver

I am interested in volunteering my services to the City of Hibbing (the "City"). If I do volunteer, I understand I will not be an employee of the City and am not guaranteed future employment. I certify that all the information I have provided on this application is correct. I give permission to the City to contact any references I have provided and to conduct a criminal history and felony background check. I further authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City for the purpose of my volunteering with the City. This authorization expires one year from the date of my signature.

I know and understand that my participation in the Program is voluntary and I assume all risks and hazards incidental to me in volunteering my services, including those arising from my participation in activities or transportation to or from those activities. I hereby irrevocably waive any and all claims against the City or any of its officials, employees, or agents for any bodily injury (including death), loss, or property damage incurred by me as a result of my participation in the Program.

I understand that City staff may take video or photos of City-sponsored activities. By signing this application, I waive any objection to the City using my image in its promotional materials. If I wish to object to the use of my image, then I will make my request known to the Human Resources Department in writing.

Signature	Date
Parent/guardian signature	Date

### Return application to:

City of Hibbing  
401 East 21st Street  
Hibbing, MN 55746  
or  
akleffman@hibbingmn.gov  
218-312-1574

## For Internal Use Only

### Criminal History Search

- No criminal history  
 Criminal history Disclosed to \_\_\_\_\_ on \_\_\_\_\_.

### MINCIS/NCIC

\_\_\_\_\_ Clear



# HIBBING POLICE DEPARTMENT

**STEVEN ESTEY**  
Chief of Police

*sestey@ci.hibbing.mn.us*

*1810 12th Avenue East  
Hibbing, MN 55746*

*Phone 218.263.3601  
Fax 218.262.0268*

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

The following named individual has made application with this agency for the City of Hibbing for

\_\_\_\_\_  
(type of license/permit or for employment, name of the position with the City)

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
(Month/Day/Year)

**Sex** (M or F): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all state criminal history to the Hibbing Police Department pursuant to Minn. Stat. 299C.72.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

1. Records obtained under the Minnesota State Statutes §299F.035 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34)