



Sign Sweeper Volunteer Program

How can I get involved?

Sign Sweeper volunteers help keep our City looking great by removing illegal signs from the public right of way. This is an easy way for residents to share their time to improve the appearance of Columbia! To get involved, complete and return the information below to Volunteer Programs. All Sign Sweeper volunteers must successfully pass a background check and participate in training. Training takes approximately one hour and will be scheduled with staff.

Questions?

For further information on the Sign Sweeper program contact the Office of Neighborhood Services - Volunteer Programs at 874-7499 or Volunteer@CoMo.gov. Applications can be mailed to: City of Columbia, Volunteer Programs, P.O. Box 6015, Columbia, MO 65205-6015. You may fax your application to 874-7546. Learn more at www.CoMo.gov/volunteer.

SIGN SWEEPER APPLICATION

Name: _____ Social Security #: _____
Last First Middle initial

Date of Birth: _____ Email: _____

Address: _____ Zip: _____

Evening Phone: _____ Day Phone: _____

Name, phone # and email address of two references: (References should be familiar with your volunteer or professional experiences.)

1) _____

2) _____

I hereby agree and represent that I will provide volunteer service under the following terms and conditions:

- I will obey all laws, regulations, and the City Program rules when performing as a volunteer.
- I understand that the City is my supervisor, and I agree to abide by all rules, instructions, and directions of my supervisor.
- I understand and am willing to provide service as a volunteer, not a City employee for purposes of workers compensation or liability coverage, without any compensation for my volunteer service.
- I understand that undertaking volunteer service does not create a contract or any kind of employment relationship with the City.
- I agree that all tools and materials received by the City for volunteer service will be used only on the volunteer task and all tools and unused supplies shall be returned to the City upon completion.
- I will not hold the City liable and hereby waive any claim against that City that may arise out of the performance of volunteer service or any other participation in the volunteer program.
- I understand that it is my responsibility to update any address, emergency contacts or other information on file with the City.

- I understand that for certain positions, a background check may be conducted before I am placed as a volunteer with the City of Columbia and I agree to cooperate in the background check.

I hereby declare that I have read, understand, and that I will abide by the program rules and guidelines and that the information provided on this form is true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: _____

****Note: Personal data (SSN/DOB) will not be retained in our system after your screening is complete.****

For OVS Use:			
Received _____	BC Requested _____	SN _____	T _____
CN _____	BC Approved _____	Training _____	ID _____

