

**TOWN OF ALDEN
WORK SESSION
MAY 13, 2013
7:00 P.M.**

A G E N D A

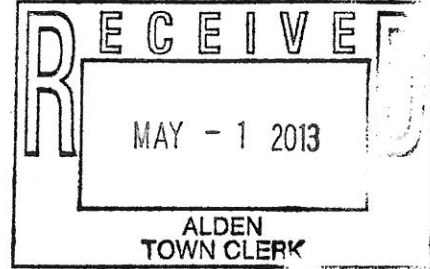
VOUCHERS

- 1. ASSESSMENT OF FIBER OPTIC CABLE/WM. SIVECZ per S/HM**
- 2. DEAN FROM MARILLA-ALDEN CAR SHOW per S/HM**
- 3. VOLUNTEER APPLICATION per CW/MR**
- 4. PROPOSED PLAYGROUND EQUIPMENT/BALANCE BEAM QUOTE per CW/MR**
- 5. HIRING FULL TIME & PART-TIME LABORER/HWY. per HS/CF**
- 6. ST. JOHN'S YOUTH/ALDEN PREG. INFO. CTR. REQUEST/BANDSHELL per CW/MR**
- 7. MARILLA VOL. EXEMPT FIREMAN'S REQUEST/BLEACHERS per CW/MR**
- 8. SHELTER QUOTES per CEO/CS**
- 9. BACKGROUND SCREENING per CW/MR**
- 10. ZBA MEMBER VACANCY per CM/WW**
- 11. B.A.R. SECRETARY per CM/WW**
- 12. BIDS FOR 6 TON DUMPER/BONCLIFF PROJECT per HS/CF**

WS 5/1/13 MR



MARILLA VOLUNTEER EXEMPT FIREMEN'S BENEVOLENT ASSOCIATION



Alden Town Board

To Whom It May Concern:

The Marilla Benev. Assoc. is requesting permission to borrow 4 sets of bleachers for our annual tractor pull on June 29 2013. We would like to pick them up on June 26 Tues. and return them on Tues. July 2. Thanking you in advance.

Contact Person: Lenny Blizniak Pres. 432-3351

*INS. proof
Coming*

Marilla Benev. Assoc.

*TB
TC
ATTORNEY
PARKS*

WS
5/13/13
MP

April 29, 2013

Town Board Members
Town of Alden
3311 Wende Rd.
Alden, NY 14004

Dear Town Board Members:

On behalf of St. John's Youth and the Alden Pregnancy Information Center now known as New Life Ministries, we respectfully request the use of the portable band shell and trailer for Sunday, June 2, 2013 from Noon until 3:00 p.m. for the 5th Annual Pray for our Nation.

In previous years, the band shell and trailer were delivered on Friday and returned on Monday. Hopefully the same arrangements can be made again.

The Village of Alden has approved our request for the use of Fireman's Park at their April 25th Village Board Meeting asking only that the band shell be placed so that it will not be necessary to close Church Street.

If you have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your consideration.

Sincerely,



Judy Downhower

CC: Town Board Members
Andrew Sojka, Parks Supervisor

ATTORNEY
HWY
T.C.

WS
5/13/13
MLC

R. E. WOODSON, INC.

3520 Dewey Avenue
Phone: 585-865-0554

Rochester, NY 14616
Fax: 585-865-2142

www.rewoodson.com

Fax Transmittal Sheet

Date: April 30, 2013

Company: Town of Alden

Fax No.: 716-937-9817

Phone No.: 716-937-7665

Attention: Mary Riddoch

No. of sheets including this one: 2

Mary,

Attached is the proposal you requested for the Balance Beam. When you are ready to order, please fill in the ship to information including a contact name and phone number, sign and send back to us.

Any questions please do not hesitate to contact our office.

Thank you
Vickie Jones
Inside Sales Manager

VOLUNTEER APPLICATION

WS - 5/13/13

Date: _____

NAME: _____
Last First Middle

PHONE: _____
Email address: _____

ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS (if different):

Street City State Zip

HOME PHONE: () _____

Please check the program areas in which you would like to volunteer.

- Aquatics
- Arts & Socialization
- Preschool Activities
- Special Events
- Special Populations Involvement
- Sports & Fitness

Time available to volunteer (Give inclusive dates, days & hours): _____

EDUCATION

Last high school attended: _____
Name City State

SPECIAL TRAINING/TECHNICAL SCHOOLS/ARMED FORCES TRAINING/COLLEGE:		
School	City	Date Completed or Anticipated Date
_____	_____	_____
_____	_____	_____

Give two local personal references (not relatives or former employers):

1. _____ PHONE: _____
2. _____ PHONE: _____

Continued

WORK EXPERIENCE

Employment: Start with the place where you are now employed or where you were last employed and then list previous employers. Recreation applicants: Please include volunteer experience.

Employment Dates

Present employer _____ From _____ To _____

Supervisor's Name _____

Address _____ Phone _____

Position and duties _____

Reason for leaving _____

Previous employer _____ From _____ To _____

Address _____ Phone _____

Position and duties _____

Reason for leaving _____

Previous employer _____ From _____ To _____

Address _____ Phone _____

Position and duties _____

Reason for leaving _____

Please check the activities in which you would like to volunteer.

- _____ Adapted Aquatics
- _____ Aerobic Dance
- _____ Billiards/Pocket Pool
- _____ Children's Games
- _____ Craft Skills (List below)
- _____ Dance (List below)
- _____ Diving

- _____ Dramatics
- _____ Fine Arts (List below)
- _____ Fitness
- _____ Gymnastics
- _____ Music
- _____ Nature
- _____ Office Skills
- _____ Officiating
- _____ Roller Skating
- _____ Science

- _____ Sports (Major) (List below)
- _____ Swimming
- _____ Table Tennis
- _____ Tennis
- _____ Water Fitness

Current aquatic certification:

- _____ WSI (new material)
- _____ Ellis

- _____ Lifeguard (new material)
- _____ Lifeguard-Instructor

- _____ WSA
- _____ CPR - PR

Current sports certification:

- _____ NYSCA
- _____ Softball ASA
- _____ Basketball IHSAA
- _____ Volleyball USVBA
- _____ Football IHSAA
- _____ Other sport

- _____ Other
- _____ Other
- _____ Other
- _____ Other

Current general certification:

- _____ Red Cross CPR
- _____ CPR (other than Red Cross)
- _____ First Aid
- _____ Certifying agency _____
- _____ Child Abuse Identification & Reporting
- _____ Certifying agency _____

Could you provide own transportation to sites located outside of the Recreation Center? _____

Background

Have you ever pled guilty to (including an Alford plea) or been convicted of a crime other than a traffic related simple misdemeanor in the last twelve (12) years?

Yes No *Include any convictions by military trial or under Military Code.*

If Yes, please explain, including dates, location (State, County & City) of incident: _____

Sex Offender Registry: Are you currently required to register as a Sex Offender in this or any other jurisdiction?

Yes No

If Yes, please explain, including dates, location (State, County & City) of incident: _____

Have you ever been disciplined or terminated by an employer in the last ten (10) years?

Yes No

If Yes, please explain, including dates, employer name and reason for action: _____

Volunteer's Statement

State why you wish to volunteer, and any additional information you feel may be helpful to us in considering your application.

BE SURE TO READ THIS STATEMENT BEFORE SIGNING.

I certify that answers given herein are true and complete and contain no misrepresentations. Furthermore

- 1) I understand that false statements made on this application may eliminate me from further consideration for employment or will be grounds for dismissal.
- 2) I authorize the City of Iowa City and all employers previously authorized in this application to conduct or participate in any investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.
- 3) I agree to provide a specific written release and/or waiver of confidentiality should it be necessary for a background check.
- 4) I understand that if I am hired, I will be expected to comply with the requirements of the Immigration Reform and Control Act of 1986 by providing verification of identity and employment eligibility per provisions of the Act.

Signature of Applicant

Date

2013 VOLUNTEER APPLICATION

First Name: _____ Last Name: _____

Address: _____
Street City State Zip

Phone: primary- _____ secondary- _____

Email address: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you learn about volunteer opportunities? _____

Are you seeking to satisfy a court-ordered community service obligation? Yes _____ No _____

Are you interested in a specific volunteer opportunity (as listed on our website, through HandsOn Twin Cities, or in one of our Recreation Centers)? If so, which one? _____

SKILLS AND EXPERIENCES

Do you have any relevant volunteer experience? If yes, please describe: _____

INTEREST INVENTORY

Please check the area(s) that interest you. Check as many or as few as you like!

- _____ Special Events
_____ Environmental Opportunities
_____ Gardening Opportunities
_____ Youth Sports Coach- which sport(s)? _____
_____ Other- _____

VOLUNTEER

Please list any access concerns or limitations that might affect your ability to perform certain types of work:

GEOGRAPHIC LOCATION

	North	Northeast	Central	Southeast	Southwest	No preference
Specific Park or Location (if applicable)						

TIME COMMITMENT

Date available to start: _____

- _____ one time only
_____ short-term (1-6 months)
_____ ongoing (6+ months)

Weekdays: _____ Daytime
_____ Evenings

Weekends: _____ Daytime

REFERENCES

Current Employer (optional): _____
Address: _____ Phone: _____

Please list the names and phone numbers of two people who know you well and can attest to your character, skill and dependability. Please do not list relatives.

Name: _____ Relationship to you: _____ Phone: _____

Name: _____ Relationship to you: _____ Phone: _____

VOLUNTEER

Volunteer Waiver of Liability, Release, Assumption of Risk Agreement and Photo Release Form

I, _____ do hereby AGREE TO INDEMNIFY, PROTECT, DEFEND, RELEASE AND FOREVER DISCHARGE the _____ Park and Recreation Board and the _____ and their respective agents, officers and employees, from any claims, demands, losses, damages, liabilities, fines, charges, penalties, administrative and judicial proceedings and orders, judgments and all costs and expenses of any kind whatsoever incurred therewith, including reasonable attorney's fees and costs of defense, which may be directly or proximately caused by any negligence of the above named parties. I understand that personal injury, illness, death or other loss to myself or others may occur directly or proximately from my participating in any and all volunteer activities that I engage in with the _____ Park and Recreation Board, and I voluntarily assume this risk.

I agree to abide by all the rules and regulations pertaining to my volunteer activity as may be designated by the Minneapolis Park and Recreation Board, its agents or employees. In consideration for being allowed to participate in _____ Park and Recreation Board volunteer activities, I agree and bind my executors, administrators and assigns to forever release, discharge, indemnify and hold harmless the _____ Park and Recreation Board from all claims or courses of action which may hereafter exist by reason of any loss, damage to property and/or personal injury and/or death which may be caused and/or sustained by the undersigned while participating in volunteer activities.

I acknowledge that there is no medical reason why I cannot or should not participate in this volunteer activity. I further acknowledge that I have read the foregoing, understand its terms and meaning and have made diligent inquiry concerning any questions about this document that I may have.

My signature on this document allows the _____ Park and Recreation Board to use photos and/or videos of myself or my minor child for _____ public relations purposes.

I have read this Release and Waiver of Liability and Assumption of Risk Agreement, fully understand its terms, and have signed it freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent permitted by law.

Volunteer printed name: _____

Volunteer Signature: _____

Date: _____

If participant is a minor

Parent/legal guardian printed name: _____

Parent/legal guardian signature: _____

Date: _____

Background Check – Informed Consent – Volunteer

Please type or print in ink - All fields must be completed

Check one: New Volunteer Current Volunteer

The following named individual has made application with the _____ Park & Recreation Board for the volunteer position of: _____ at (Dept/Park): _____

Hiring Manager (individuals requiring notification): _____

Type of Check Requested: Criminal Driver's License Credit

Applicant's Name (First, Middle, Last): _____

List any Maiden, Alias, or Former Name(s): _____

SSN: _____ Birth Date: _____ Gender: Male Female

Current Address: _____

City: _____ State: _____ Zip: _____

Temporary Address (if applicable): _____

City: _____ State: _____ Zip: _____

Driver's License # (or State ID#): _____

State: _____ Class: _____ Expires: _____ Phone Number: _____

Have you ever resided or worked outside of the state of _____ Yes No

If yes, list the state(s) in which you have resided or worked including dates:

Have you ever been convicted or plead guilty before any federal, state, or municipal court to a criminal offense, or are there any charges pending (excluding minor traffic violations)? Yes No

Failure to disclose or giving false information may result in rejection of application or dismissal from employment.

If yes, please provide information for each offense: 1) charge convicted of, 2) date of conviction, 3) court and location, 4) action taken, (attach additional sheets if necessary):

(Over)

I, _____ understand that the Minneapolis Park & Recreation Board (MPRB), is seeking background check data pursuant to Minn. Stat. § 299C.62 et seq., the Minnesota Child Protection Background Check Act ("Act") and Minn. Stat. §13.05 subd. 4 as part of my application for employment or volunteering, or ongoing service with the MPRB. I acknowledge that the MPRB has informed me of my rights under these laws, including:

- 1) The right to be informed that the MPRB will request a background check on me as a children's service worker;
 - a) For purposes of employment or continuation of employment;
 - b) To determine whether I have been convicted of any crime specified in Minn. Stat. § 299C.61, subdivision 2 or 4;
- 2) The right to be informed by the MPRB of its response to the background check and to obtain from the MPRB, if I request in writing, a copy of the background check report, to be picked up in person with photo identification;
- 3) The right to obtain from the MPRB any record that forms a basis for the report;
- 4) The right to challenge the accuracy and completeness of any information contained in the report or record under the relevant provisions of the Data Practices Act;
- 5) The right to be informed by the MPRB if my application to be employed with or opportunity to continue as an employee has been denied because of the background check report.

I authorize the MPRB or its authorized assignee(s) to conduct a criminal background check. This information will be used to determine my suitability for employment with the MPRB. I understand that continued employment is contingent on receiving satisfactory results from this background check.

I further understand that the MPRB will use my Minnesota State Driver's License / Minnesota State Identification Card information given below to conduct an investigation of my background, which will include my driver's license status, driving history, and criminal conviction history (if any) as directly related to the position for which I am applying with the MPRB.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if my application is accepted. I understand that submitting this information does not guarantee my acceptance into a MPRB position.

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

Applicant's Signature: _____ **Date** _____

If applicant is under the age of 18 years,

Parent/Guardian's Signature: _____ **Date** _____

BACKGROUND INVESTIGATIONS POLICY (Applies to applicants, current employees, volunteers, and contractors)

The Minneapolis Park & Recreation Board (MPRB) will request all applicants who receive an offer of employment, be subject to a background investigation which may include criminal history, driver's license records, and/or credit history check as necessitated by position requirements. Criminal history checks will be conducted in accordance with the Minnesota Child Protection Background Check Act, Minn. Stat. §299C.60 et. seq. (2008) and other background checks as allowed by law. The results of an individual's background investigation will be reviewed on a case-by-case basis to determine eligibility for the position applied to. Any offer of employment will be conditional upon a determination by the MPRB that an applicant's background investigation results do not preclude the individual from employment with the MPRB.

In addition, if the MPRB knows or has reason to believe that a current employee or volunteer has a criminal conviction that pertains to their current position, that individual will also be requested to consent to a background investigation as described above. The MPRB will also require a background check on all individuals prior to transfer or promotion. The MPRB specifically reserves any and all rights it may have to request consent to conduct criminal background checks at any time regarding current volunteers, applicants, or employees.

Adherence to this policy by the MPRB, its employees, and job applicants or others shall in no way limit the MPRB's right to require additional information or to use procedures currently in place or other procedures to gain information concerning criminal activities of employees and applicants. - Legal Reference: Minn. Stat. §299C.60 et. seq. Policy Issued: 6/3/2009

My signature below confirms that I have read the MPRB's Pre-Employment Criminal Background Check policy and certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.

Name (Please Print): _____

Signature: _____ **Date:** _____

Distribution:

Original: Park Police

Report completed by: _____

Notification: Hiring Mgr, Date: _____

Individual, Date: _____

Date: _____