



City of Asheville

**Volunteer Handicapped Parking
Enforcement Program**

Dear Concerned Citizen:

We at the Asheville Parking Services wish to express our thanks to you for your interest in the Volunteer Handicapped Parking Enforcement Program. We have received many inquiries from physically impaired people in response to this project and we realize the importance and necessity of greater action in addressing this problem. There are many factors that need to be completed before Volunteer Citizens can begin their work.

As a volunteer, it is imperative that you understand the importance of the project.

You must commit and submit yourself to a background investigation, oral interviews, mandatory training classes, and a waiver of liability against the City of Asheville for any injuries that may occur.

The Handicap parking Ordinance and the Volunteer Program for the City of Asheville are both fashioned after established programs in other cities. The above requirements are prerequisites in all of the cities where the programs are already in existence.

If you are still interested in this program we request you to complete the enclosed forms and return them as soon as possible. Once we receive the forms, we can begin our evaluation and selection process. All applications will be viewed upon an individual basis. We will be in contact with you at a later date as the application process advances. Please be patient with us as this is a lengthy process. Please contact the Parking Services Manager at 828 259-5437 if you have any questions.

Once again, thank you for your interest and support.

HANDICAPPED PARKING VOLUNTEER APPLICATION
CITY OF ASHEVILLE NORTH CAROLINA
PARKING SERVICES DIVISION
P. O. BOX 7148
ASHEVILLE, NORTH CAROLINA 28802

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS PART OF THE EXAMINATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT.

ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE

POSITION APPLIED FOR: VOLUNTEER HANDICAPPED PARKING TICKET WRITER DATE: _____

NAME: _____ Soc. Sec. No.: _____
(Last) (First) (Middle) (Maiden, if applicable)

PRESENT MAILING ADDRESS: _____
(Street & No.) (City) (State) (Zip Code)

PERMANENT MAILING ADDRESS: _____
(Street & No.) (City) (State) (Zip Code)

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO STATE: _____ NUMBER: _____

TYPE: REGULAR COMMERCIAL CLASS A B C

PERSONAL DATA: Are you a resident of the City of Asheville: Yes No If no, give county of which you are a resident. _____

Have you ever been convicted of any offense against the law (include minor traffic violations)? Yes No If yes, please explain the nature of the conviction and the final disposition of the case. (use additional sheet if necessary)

Do you have any physical handicap? Yes No If yes, state nature of such: _____

REFERENCE DATA: Please list three persons who are not related to you and who have a definite knowledge of your character.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

Investigation Authorization

My signature below indicates my authorization to permit the City of Asheville to conduct a Police and Cowl, Records investigation of my background. I understand that, if I am selected, I will be on probation for a period of six months.

Acknowledgement of Residency Rule

I fully understand as a condition of being selected to the Volunteer Handicapped Parking Enforcement Program that I must reside within Buncombe County or within the limits of any contiguous county to Buncombe. (This includes Madison, Haywood, and Henderson mid McDowell counties.) I further understand that applicants that live within the city limits will be given stronger consideration for selection to these positions.

Applicant Selection

All applicants will be required to undergo a part-employment background investigation. The Volunteer Handicapped Parking Enforcement Program shall be limited to the number of volunteers as determined by the Parking Services Division. Physically impaired persons shall be given stronger consideration for selection to these positions.

Handicapped Volunteers

The handicapped parking enforcement volunteer is responsible for writing only parking citations for violations occurring in handicapped spaces as defined bylaw. All volunteers will be selected by the City of Asheville Parking Services Division and designated by the City Manager. All applicants must successfully complete a course of instruction as provided by the Asheville Police Department. The training course shall include all applicable laws relating to handicapped parking, departmental rules and policies on issuing parking citations, and procedures to issue parking citations. All Handicapped Parking Enforcement Program volunteers will be required to dress in a manner suitable to meeting the public and conducting themselves in a professional manner. Volunteers selected to participate in the program will be issued identification cards that are valid for one year and will be the property of City of Asheville Parking Services Division subject to recall.

Handicapped Liaison

A contact or liaison person will be selected from the enforcement volunteers to answer any questions, complaints, or inquiries received by City of Asheville Parking Services Division regarding citations issued by the volunteers. All requests for voids will be made by the contact person to the Parking Enforcement Supervisor.

Are you interested in being the contact person for this program? Yes_____ No_____

Status Policy

While volunteering for service to the City of Asheville, volunteers shall be exempt from the provisions of the City Personnel Manual and other provisions of law and regulations governing grievance procedures for City employees. Volunteers shall comply with the appropriate City rules, regulations, and policies pertaining to conduct, record keeping, and other policy necessary for the operating efficiency of the City. Volunteers are subject to subpoena to civil court. Volunteers will be non-paid, will not be covered by any City insurance programs and will not be eligible for workman's compensation.

This _____ day of _____, 200_____

Signature: _____

Release and Covenant Not To Sue

I, _____ in exchange for the opportunity to issue parking citations for violation of handicapped parking regulations do hereby release for myself, my assigns, agents and representatives, the City of Asheville, its departments, officers, employees, and agents from liability for any personal injury to myself, including wrongful death and for any property damage done to my property which may arise I connection with issuing such parking citations.

I also for the opportunity to participate in the above-mentioned program do hereby covenant for myself, my assigns, agents and representatives, not to sue the City of Asheville, its departments, officers, employees, and agents for any personal injury or death to myself and for any property damage done to my property which may arise in connection with issuing such parking citations.

I understand that this form is a legal document and enforceable in a court of law.

Signature of Participant

Date

Witness

Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am an applicant for employment with the Asheville Parking Services as a volunteer in the Volunteer Handicapped Violation Enforcement Program. In order to process my application, certain information must be made available to the Parking Services Manager of the City of Asheville. This information is for my benefit. I hereby authorize, request and direct educational institutions; my references, my employers, (past and present); financial institutions, and doctors, any other person; institution, or organization, and all governmental agencies and instrumentalities (local, federal, state, or foreign); wherever such individuals or organizations are situated, to release to the Parking Services Manager of the City of Asheville or any representative thereof, any document, information record, or file that he deems material to processing of my application for employment. Said information can be furnished if the request is made in person or writing.

Further, I release all said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Parking Services Manager or his representatives, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communications privileges that I could claim.

Further, I appoint the Parking Services Manager or his representative as my agent and attorney – in fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

Date _____ Signature _____

Affidavit of _____

I, _____, being duly sworn, depose, and say as following; I am the person who executed the above authorization: I understand its meaning, intention, and effect; and that the statements therein are true and correct.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth _____ Social Security No. _____

Signature _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

My commission expires _____
Notary Public