



## VOLUNTEER APPLICATION

Reason for Volunteering: \_\_\_\_\_ Department: \_\_\_\_\_

Full Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: M or F Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to Contact in case of an emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hours and Days Available: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level/Area of Study: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

What interests you most about becoming a volunteer? \_\_\_\_\_

Special Interest, Skills or Training: \_\_\_\_\_

**Please read the following carefully and initial on the space provided.**

- I agree to follow the City of Watauga's policies, rules and procedures placing safety and well-being first.
- I agree to represent the City of Watauga in a professional manner that presents a positive image to the community.
- I grant the City of Watauga permission to use my likeness, voice, photograph and words in any form for promotional activities without payment. All such listed shall be exclusive property of the City and I hereby relinquish all rights, title, and interest therein.
- I authorize the City's employees or agent supervising this activity to secure medical care for me in the event of injury and promise to assume liability for payment.
- I agree not consume, use, possess, or be under the influence of any illegal drug or alcohol products during my volunteer assignment.

- I realize that in my capacity as a City of Watauga Volunteer, I may come in contact with confidential information. I do hereby agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my services.
- I understand that I am not required to use my personal vehicle for City business as a volunteer. However, should I elect to operate my personal vehicle for City business I am doing so at my own risk. I understand that I assume all risk and liability associated with the operation of my personal vehicle and will use my own insurance for any damages that occur while using my vehicle on City business.
- I do hereby agree to release, discharge and relinquish the City of Watauga, its officials, employees, agents and volunteers from any and all claims, demands, and causes of action of every kind and character, including those based on negligence, for any known or unknown, foreseen and unforeseen bodily or personal injuries, damage to property, or theft or loss of property, arising from my participation in the above event/program.
- I understand that volunteers are prohibited from operating City vehicles and/or operating City equipment unless approved by the Department Director.
- The City of Watauga is committed to maintaining a work environment that is free of harassment. I understand that if I feel that I am the victim of any form of harassment; I can initiate a complaint by contacting my supervisor and/or Human Resources Director.
- I understand that volunteers related within the second degree of affinity and the third degree of consanguinity, excluding great grandparents and great grandchildren, of City employees or City Council members are prohibited from volunteering in certain positions within the City.

**I have read the above and understand all its terms. I affirm that the information I have given is true and complete.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY**

**NOTICE:** THE CITY OF WATAUGA DOES NOT COVER VOLUNTEERS UNDER THE CITY OF WATAUGA WORKERS' COMPENSATION INSURANCE.

IN CONSIDERATION OF THE CITY OF WATAUGA ALLOWING ME (MY CHILD/CHILDREN) TO PARTICIPATE IN THE CITY OF WATAUGA VOLUNTEER PROGRAM, AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR AS A RESULT OF THAT PARTICIPATION, I ON BEHALF OF MYSELF (MY MINOR CHILD/CHILDREN) RELEASE THE CITY OF WATAUGA, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, INSTRUCTORS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM PARTICIPATION IN THE EVENT.

I, MY HEIRS AND REPRESENTATIVE, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF WATAUGA, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (under 18): \_\_\_\_\_ Date: \_\_\_\_\_



CITY OF WATAUGA

Applicant Acknowledgement/Authorization for Background Check

I understand that the City of Watauga may obtain consumer reports from the Texas Department of Public Safety (DPS), First Check and/or other consumer agencies that provide criminal history information and/or investigative consumer reports (defined as a report that includes information as to your character and general reputation) for volunteer purposes. The information received from the consumer agencies and/or DPS will not be used in violation of any applicable federal law or state equal employment opportunity law or regulation. If adverse action is taken regarding my volunteer assignment, based in whole or part on the consumer report, the City of Watauga will provide me with a copy of the consumer report and a summary of the consumer's rights as prescribed by the Fair Credit Reporting Act.

By signing below, I, \_\_\_\_\_ grant permission to the City of Watauga to obtain such report or reports at any time. I also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to First Check including information which may be deemed negative.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (under 18): \_\_\_\_\_ Date: \_\_\_\_\_

IDENTITY INFORMATION (Please Print):

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DL State: \_\_\_\_\_ DL #: \_\_\_\_\_

Please list each city/county and state in which you have lived, worked, or attended school during the last seven (7) years. Use the back of the form if additional room is needed.

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
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City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

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Office Use Only:

Requested by: \_\_\_\_\_ Date Entered: \_\_\_\_\_