

CITY OF EL PASO VOLUNTEER APPLICATION

Name _____

Address _____

Telephone Home _____ Other _____

Social Security Number _____ Date Of Birth _____

Driver's License Number _____

Mother's Full Maiden Name (First & Last) _____

Current employment or school attending _____

Circle last grade of school completed 5 6 7 8 9 10 11 12

Diploma GED List any degrees _____

Indicate preferred Department for volunteer assignment. _____

What type of services can you provide? _____

Are you volunteering for: A special event? If so, what event? _____

Community Outreach (non court-ordered)

Community Service (court-ordered)

Are you volunteering: By yourself

With a group? If so, what group? _____

With your school/company?

If so, what school/company? _____

Indicate any language (other than English) you can speak or write. _____

Emergency Contact _____ Relationship _____

Telephone Home _____ Work _____

Address _____

Records Disclosure

Unless otherwise requested, the Texas Public Information Act, 552.024 makes the names of Municipal volunteers and officials open record. Do you wish to allow public access to your home address, home telephone number, social security number and family information?

Yes

No

READ CAREFULLY AND ANSWER ALL ITEMS	YES	NO
Have you previously worked for the City of El Paso? If yes, give dates, City Department and reasons for your separation in REMARKS below.		
Are you currently employed or have you ever been employed by a City of El Paso City-County combined agency (City-County Health, etc.)?		
Have you been dismissed or asked to resign from any job? If yes, explain in REMARKS below.		
Have you ever been convicted, imprisoned, fined, placed on probation or parole, or are you now under charges for any offense(s) against the law? If yes, list charges and disposition of the case(s) in REMARKS below. DO NOT list successful completed deferred adjudication(s).		
Have you received any traffic citations in the last five years (excluding parking)? If yes, list and explain and give date and disposition of each citation in REMARKS below.		
Do you have relatives employed by the City of El Paso or relatives who are currently serving on City Council? If yes, list names, relationship and departments in REMARKS below.		
May we contact your current employer regarding your qualifications, character, etc.?		
Have you previously worked for the City of El Paso? If yes, give dates, City Department and reasons for your separation in REMARKS below.		
REMARKS: (Use to explain above items.)		

**I am available for Volunteer Service:
(Please check all days and times that apply)**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I have volunteered my services to the City Of El Paso. I hereby release the City Of El Paso and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this volunteer work. I certify that my statements in this application and other required forms, are true, complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with the City Of El Paso, by parties authorized by the City Of El Paso. I understand that information from my application or resume may be subject to release to the public under the Texas Public Information Act.

Signature

Signature of parent/guardian
(For applicants under 18 years of age)

CITY OF EL PASO

Volunteer Agreement

All Volunteers must read the following statements and sign on the Volunteer Signature line. Volunteer hereby agrees that he/she is a volunteer and not an employee of the City. City shall not be subject to any obligations or liabilities of Volunteer, Volunteer's agents or representatives, incurred in the performance of this contract. If any such obligation or liability of Volunteer, Volunteer's agents or representatives should be attributed to City, despite City's above express waiver of any and all such obligation and liabilities, Volunteer expressly agrees to indemnify and hold harmless City from any and all such obligations or liabilities.

As a Volunteer for the City of El Paso:

- I agree to dress in accordance with the City of El Paso Professional Appearance Standards for my assignment, remembering that I am a volunteer and I represent the City of El Paso.
- I agree to respect the patrons/customers by being friendly and cooperative with them and to guide them to a staff member if necessary.
- I agree to respect the function of the permanent staff and to contribute to maintaining professional relationships between the staff and myself.
- I agree to carry out assignments in good spirit and to seek the assistance of my supervisor or another staff person whenever I have a question or have completed a project.
- I agree to exercise caution when acting on the assigned department's behalf in any situation and to abide by all rules of the department.
- I understand that I must attend Sexual Harassment Training, conducted by the City of El Paso, and adhere to the City of El Paso's Policy and Procedures, if applicable.
- I understand that the City of El Paso or myself may terminate volunteer services for any reason at any time, upon notice to the other party. The City shall have no responsibility or liability because of such termination and no further responsibility or liability under this agreement after such termination.
- I agree to perform services for the City of El Paso on a volunteer basis. I understand that I will receive no money or other form of compensation for such services.

Volunteer Signature _____

Date _____

Signature of parent/guardian _____

Date _____

(For applicants under 18 years of age)

The City of El Paso staff will make every effort to ensure that your volunteer experience is convenient, enjoyable, and productive. If for any reason, you wish to change your assignment, a new volunteer agreement must be submitted.

For Department Use Only

Beginning Date: _____

Reports to: _____

Department/Location: _____

Number of Hours Week/Month: _____

Scope of volunteer work/Duties: _____

I agree to placement of the volunteer listed above in my department.

Department Head Signature: _____

Date: _____