CITY OF EL PASO VOLUNTEER APPLICATION

☐ Community Outreach (non court-ordered) ☐ Community Service (court-ordered) —	Name								
Email Address: Social Security Number	Address								
Social Security Number	Telephone								OTHER
Mother's Full Maiden Name (First & Last)	Email Address:								
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? If so, what school/company? Indicate any languages (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 Municivolunteers and officials open record. Do you wish to allow public access to your home address, home teleph number, social security number and family information?	Social Security Number _			Dat	e Of Bi	rth			
Circle last grade of school completed 5 6 7 8 9 10 11 12 Diploma GED List any degrees	Mother's Full Maiden Nam	ne (First & Last)							
Diploma GED List any degrees	Current employment or sch	ool attending _							
Indicate preferred Department for volunteer assignment	Circle last grade of school	completed	5 6	7	8	9	10	11	12
What type of services can you provide? Are you volunteering for:	☐ Diploma ☐	GED List a	ny degrees _						
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☐ With a group? If so what group? ☐ With your school/company? ☐ If so, what school/company? ☐ Indicate any languages (other than English) you can speak or write. ☐ Emergency Contact ☐ Relationship ☐ Work ☐ Home ☐ Work ☐ Address ☐ Records Disclosure ☐ Unless otherwise requested, the Texas Public Information Act, 552.024 makes the names of Municivolunteers and officials open record. Do you wish to allow public access to your home address, home telephonumber, social security number and family information?	Are you volunteering for:		ty Outreach	(non cou	ırt-ordei				
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Telephone Home Work Address	Indicate any languages (oth	er than English)	you can spe	ak or wi	rite				
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 telephonumber, social security number and family information?	Emergency Contact				Rela	tionship	o		
Records Disclosure Unless otherwise requested, the Texas Public Information Act, 552.024 makes the names of Municivolunteers and officials open record. Do you wish to allow public access to your home address, home telephonumber, social security number and family information?	Telephone		_ Home						Work
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YES NO	volunteers and officials ope	en record. Do yo	ou wish to al	low pub					
		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 ever served on active duty in the armed forces? If yes, give type of		
discharge, branch of service, and active duty dates in REMARKS below.		
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.?		
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 be prompt and reliable in reporting for my scheduled assignment period or scheduled program and to provide the City with an accurate record of my hours worked by signing in and out on the Volunteer Hours sheet.
- I agree to notify my assigned supervisor if I am unable to report as scheduled.
- 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 protect the confidentiality of all information relating to the assigned 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.

Beginning Date: _____ Reports to: _____
Department/Location: _____ Number of Hours Week/Month
Scope of volunteer work/Duties: