



VOLUNTEER APPLICATION

The information on this application will help us find the most satisfying and rewarding volunteer service for you. You may include any additional information by attaching it to the application. Your cooperation in completing it is most important. **PLEASE PRINT.** INCOMPLETE applications will not be processed.



Personal Information

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____

E-mail: _____

Date of Birth (month/day/year optional): _____

If under 18 years of age, you must provide year of birth: _____

Volunteer Opportunities

How often would you like to volunteer? Once a week Once a month Other (specify)

Please check times and days you are available to volunteer:

| Monday | Tuesday | Wednesday | Thursday | Friday | Weekends |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| AM <input type="checkbox"/> | AM <input type="checkbox"/> | AM <input type="checkbox"/> | AM <input type="checkbox"/> | AM <input type="checkbox"/> | AM <input type="checkbox"/> |
| PM <input type="checkbox"/> | PM <input type="checkbox"/> | PM <input type="checkbox"/> | PM <input type="checkbox"/> | PM <input type="checkbox"/> | PM <input type="checkbox"/> |
| Eve <input type="checkbox"/> | Eve <input type="checkbox"/> | Eve <input type="checkbox"/> | Eve <input type="checkbox"/> | Eve <input type="checkbox"/> | Eve <input type="checkbox"/> |

Do you have transportation to and from your volunteer assignment? Yes No

Briefly, explain why you would like to volunteer with us:

Volunteer assignment preference:

Would you be willing to be "on-call" for special assignments? Yes No

Interests & Special Skills (Check the skills or areas of interest you have)

| | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Photocopying |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Recreational Activities |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Research |
| <input type="checkbox"/> Event Set Up/Take Down | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Survey-Taking |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Teacher/Tutor/Trainer |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Mass Mailings | <input type="checkbox"/> Video/TV Production |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Others (please be specific in space below) |

Languages

Please rate yourself in your ability to use a non-English language
1=None 2=Learner 3=Good 4=Excellent 5=Expert

| Language: | Speak | Read | Write |
|-----------|-------|------|-------|
| Language: | Speak | Read | Write |
| Language: | Speak | Read | Write |

Computer Skills

Please rate yourself in your ability to use any computer software
1=None 2=Learner 3=Good 4=Excellent 5=Expert

| | |
|------------------|----------------------|
| Microsoft Word | Microsoft Excel |
| Microsoft Access | Microsoft PowerPoint |
| Other Software | |

Past Experience

Employment / Volunteer Experience / Student

Education/Training/Licenses:

Volunteer application continues on reverse →

References

List two references (other than family) whom the City can contact and their relationship to you (friend, employer, etc.)

Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Day Phone: _____ Other Phone: _____

Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Day Phone: _____ Other Phone: _____

Emergency Contact Information

In case of emergency, please notify:

Name: _____ Relationship: _____
Home Phone: _____ Business Phone: _____

Volunteer Pasadena Information

Where did you learn about Volunteer Pasadena?

- Inside City Hall Newsletter Municipal Cable Channel TV62 Word of Mouth
 City of Pasadena Web Site City Hall Other (specify)

Background Information

No Yes **Have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony, or misdemeanor other than a minor traffic violation?** If yes, list the date, charge and disposition of the conviction. A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed. Attach a separate sheet if necessary. **Failure to provide a complete criminal history will be an automatic denial as a volunteer even if you were approved in previous applications.**

Release Statement

I certify that all statements I have made on this application are true and correct. I hereby authorize the City of Pasadena to investigate the accuracy of this information. I am aware that fingerprinting and/or a background check may be required before placement in some positions. I expressly request references who may have information concerning me, to furnish such information to the City of Pasadena officials, and agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

Signature of Applicant: _____ Date: _____

Parent or guardian consent required if applicant is under 18 years of age

Signature of Parent or Guardian: _____ Date: _____

Please return application by email to: VolunteerPasadena@ci.pasadena.tx.us
or mail to: Barbara Sitzman, Volunteer Manager
P.O. Box 672, Pasadena, TX 77501
Phone: [\(713\) 475-7259](tel:(713)475-7259) Fax: [\(713\) 475-4871](tel:(713)475-4871)

Revised: August, 2014



CITY OF PASADENA VOLUNTEER RELEASE



I, _____ (print your name), for and in consideration of privileges extended to me by the City of Pasadena, Harris County, Texas, a Home Rule municipal corporation, duly organized under laws of the State of Texas, hereby acknowledge by my signature on this document:

I understand that volunteer work involves risk and agree that my work as a volunteer is of a voluntary and an independent nature and not as an employee or agent of the City of Pasadena, Texas.

Release and Indemnity – I hereby release, acquit and forever discharge the City of Pasadena and its officers, agents and employees from any and all claims, demands, liabilities, damages, expenses and judgments of any nature and however caused of whatsoever character or nature arising from or by reason of any and all bodily or personal injuries and damage to property and the consequences thereof which may be sustained by me, which are in any way connected with my participation as a volunteer (including acts or omissions) and/or using of the city property (including participation in any activities occurring thereon).

I certify that I have no medical or physical conditions which would interfere with my safety in this activity, or else I am willing to assume, and bear the costs of, all risks that may be created directly or indirectly by any such condition.

I agree that the laws of the State of Texas apply and venue shall be in Harris County, Texas regarding any issue that may arise in any way connected with this agreement, acknowledgment of risk, release and indemnity.

I understand that public relations are an important part of volunteering with the City of Pasadena. I agree, therefore, on behalf of my heirs, personal representatives, and executors to allow the City of Pasadena to use any photograph or video images taken of me and/or which I produce. All photographs or video images will become the sole property of the City of Pasadena. The City of Pasadena may use them as it sees fit. The City of Pasadena will use reasonable efforts to notify me but such notification is not a condition of use under the auspices of the City of Pasadena.

I hereby verify that I have read and understand the contents of the above document and I agree to be bound by its terms and acknowledge same by my signature hereto:

Signature of Volunteer Date

Printed Name

Address City/State/Zip

Day Phone Number E-Mail address

Volunteers under 18 must complete reverse➔

IF APPLICABLE – PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION
(Must be completed for volunteers under the age of 18)

In consideration of _____ (“Minor”) being permitted by the City of Pasadena to volunteer and to use its property (i.e. city equipment and facilities) as described, I further agree to the foregoing indemnity and release and hold harmless the city from any and all claims that are brought by, or on behalf of, minor and which are in any way connected with such volunteer work or participation by minor.

Signature of Parent or Guardian

Date

Printed Name

Address

City/State/Zip

Phone Numbers



BACKGROUND CHECK RELEASE



I hereby certify that I have carefully answered and filled in all information requested in the volunteer application and further state that I fully understand that each of the statements given are fully and completely given, with nothing withheld about me or my background which could concern you in giving me placement as a volunteer with the City of Pasadena.

I further state that there is no falsification of any fact or figure contained in the volunteer application and it is my understanding that should any statement made by me be investigated that should be found false, I could be subject to immediate dismissal from Volunteer Pasadena.

By signing my name, I hereby consent to the investigation of all facts and circumstances given in the volunteer application and consent to the interviewing of any references given by me in such application and any background investigation by any police organization.

Signature of Volunteer Applicant

Date

Printed Full Name of Applicant (First Name, Middle Name and Last Name)

Texas Driver's License Number

or Attach Photocopy of School ID

Street Address

City/State/Zip Code

Date of Birth

Social Security Number

Please Check: Male Female

Parent or guardian consent required if volunteer applicant is under 18 years of age

Signature of Parent or Guardian

Date

Printed Name