



Volunteer Application City of Rockwall Parks & Recreation

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|--|----------------------------------|-------------|
| <i>If applying for specific position, please list here:</i> | | |
| Name: | Date: | |
| Date of Birth: | Soc. Sec. No: | |
| Home Address: | | |
| City: | State: | Zip: |
| Mailing Address (if different): | | |
| City: | State: | Zip: |
| Email: | Fax: | |
| Primary Phone: | Secondary Phone: | |
| Best time to contact you: | Hours available per week: | |
| Driver's License Number: | | |
| State: | Expiration Number: | |
| Name of Emergency Contact: | Phone: | |
| Skills/Education/Training: | | |
| Languages, other than English, in which you are fluent: | | |

Select ALL categories of interest to you.

- | | |
|---|---|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Adopt-a-Park or Trail | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Disaster/Emergency | <input type="checkbox"/> Gym Programs |
| <input type="checkbox"/> Disable Persons/Elderly | <input type="checkbox"/> Park Projects |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pools/Swim Lessons |
| <input type="checkbox"/> Environment/Beautification | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Mentoring |

Time Length:

- One Time Short Term On-Going

References:

List three references: (If currently employed, or if you have previously been a volunteer, please include those organizations.)

| Name | Address/Zip | Phone |
|----------|-------------|-------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Statement of Agreement:

Please read each statement, check the box, and indicate agreement by your signature below.

- I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Rockwall
- I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the City of Rockwall will result in dismissal.
- I understand that my volunteer assignment with the City of Rockwall may be terminated at any time.
- I understand that depending upon the nature of the volunteer assignment, the City of Rockwall may deem it necessary to obtain a Driver’s License Record and/or a Criminal Conviction History and Wanted Information Reports on individuals volunteering for the City of Rockwall. *I hereby consent to the City of Rockwall to perform a background check that may consist of a Driver’s License Record search, a Criminal History check, and/or search the state sex offenders list. I release, relinquish, and hold harmless the City of Rockwall, its employees, agents and representatives, from any and all causes of action or liability which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.*
- I have NOT been convicted and/or placed on probation for any criminal offense.
If you have been convicted and/or placed on probation, please list date and nature of the offense: _____

| | |
|---------------------------------|-------------|
| Signature: _____ | Date: _____ |
| Full Name (please print): _____ | |

Please return form to City of Rockwall Parks & Recreation Department, Attn: Parks & Recreation, 385 S. Goliad, Rockwall, Texas 75087.