



IRVING

Delivering Exceptional Services

VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____
Number Street City Zip

Email address: _____

Primary Phone: _____ Alternate Phone: _____

Date of Birth: * _____ *for placement/screening purposes only

List any languages, other than English, which you speak fluently: _____

Physical Limitations: _____

Emergency Contact Name: _____ Phone: _____

Have you ever been convicted of a felony charge? Yes ___ No ___

Please list city department(s) you are interested in volunteering for: _____

Days available for volunteer work: Su M T W Th F Sa Preferred hours: _____ to _____

If accepted as a volunteer, the following demographic questions are optional:

Race/Ethnicity: Asian Black Hispanic/Latino Native American White

NOTE: Additional department specific information may be required.

FOR OFFICE USE ONLY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Parent/Legal Guardian Signature | <input type="checkbox"/> Liability Waiver |
| <input type="checkbox"/> Background Check Required | <input type="checkbox"/> Background Check Completed | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Orientation | | |

Activity _____

Placement _____

Comments _____

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Declined | <input type="checkbox"/> Assignment Completed | <input type="checkbox"/> Terminated |
|-----------------------------------|-----------------------------------|---|-------------------------------------|



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VOLUNTEER RELEASE FORM

Please read carefully

I voluntarily have chosen to participate or allow my child/dependent to participate in the _____ ("Project"), an event co-sponsored by the City of Irving, Texas (hereinafter the "city") or a city-related activity. I understand that the City of Irving, Texas, is a home rule municipality that sponsors a variety of activities. The Project, which I/my child/dependent seek to participate in and for which I/my child/dependent seek no compensation, involves the risk of injury or death. I agree that by participating in the Project, I am responsible for my/my child/dependent's safety and agree that I knowingly and voluntarily assume the risks involved in such activity.

In consideration of the city permitting me/my child/ my dependent to participate in the Project, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, as follows: 1) **I agree to waive, release, hold harmless, and discharge from any and all liability the city, its elected or appointed officials, officers, agents, representatives, employees, and volunteers, from and against any and all claims and damages of every kind whether they be known or unknown or anticipated or unanticipated, for my injury or death and for damage to or loss of property arising out of or attributed to the Project, including but not limited to claims and damages arising in whole or in part from the negligence of the city and its elected or appointed officials, officers, agents, representatives, employees, and volunteers or wrongful death claims pursuant to Section 71.021 of the Texas Civil Practice and Remedies Code;** 2) I also agree to defend, indemnify, and hold harmless the city, its elected or appointed officials, officers, agents, representatives, employees, and volunteers, from any and all liability, claims, actions, suits, judgment, damages, and costs attributed to my/my child/dependent's participation in the activities described herein, including any injury or death and damage to or loss of property resulting therefrom. This Release shall bind my executors, administrators, heirs, next of kin, successors, assigns, and me; 3) I acknowledge that the city makes no representations or warranties, express or implied, as to the nature and hazards or absence thereof on the Project; 4) I recognize and agree that while participating in the Project that I/my child/dependent will not be an agent, servant or employee of the city, will not be entitled to wages or compensation of any sort, and will not be covered by the city's employee benefits, including worker's compensation; 5) I agree to abide by the rules and regulations of the city and the Project while participating in the Project; 6) I give permission for any photographs taken of myself or my child/dependent to be utilized in publications of the city; I do not claim any ownership interest in any photographs taken of myself/my child/dependent and do not wish to approve the finished versions of the photographs prior to use; 7) I will not consider use of the information provided by me in volunteer forms for this Project or photographs taken of myself/my child/dependent to be an invasion of my/my child/dependent's privacy; and 8) I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand and acknowledge that the city is acting in reliance upon agreements made by me in this Release in order to extend to me/my child/dependent the benefits of participation in the activities described herein and that, were I not willing to abide by the terms of this Release, such opportunity to participate in the activities described herein would not be extended to me/my child/dependent. I further understand and acknowledge that the city is acting in reliance upon representations made by me in this Release, and were I not willing to abide by the terms of this Release, the city's permission to participate in the activities described herein would not be extended to me/my child/dependent.

By signing this release, I state and declare that I have read the Release carefully, that I understand all of its terms, and that I voluntarily execute with full knowledge of its legal consequences.

Parent or Legal Guardian are required to sign for minors.

(Printed Name)

(Printed Name of Minor if applicable)

(Signature)

(Date)



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CONSENT FOR CRIMINAL HISTORY BACKGROUND CHECK FOR VOLUNTEERS

I hereby give my consent for the City of Irving to obtain information relating to my criminal history record. The criminal history records may include that relates to the conviction of or a grant of deferred adjudication for a criminal offense, including arrest information that relates to the conviction or grant of deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer with the City, the criminal history records check may be repeated at any time.

The City of Irving has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported. However, I acknowledge that time is of the essence and reasonableness of time is within the sole discretion of the City.

Further, I hereby hold harmless, release, and fully discharge the City of Irving, its agents, officers, employees, and Council members, from any and all liability, claims, causes of action, and/or costs and expenses for the criminal history check and any action taken as a result of information obtained through the criminal history investigation.

Last Name: _____

First Name: _____

Maiden Name: _____

Middle Name: _____

Date of Birth: _____

Race: _____

Sex: M F

Texas Driver's License: _____

Signature

Date

Signature of Parent/Guardian if applicant is a minor

Date