



**City of Arlington  
Volunteer Services  
101 S. Mesquite Street – Suite 790  
Arlington, Texas 76010  
817-459-6869**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
           Last                                      First                                      Middle Initial

Address: \_\_\_\_\_  
           Street    City                                      Zip

If you have lived outside of Texas within the last seven years, indicate State(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Sec Number: \_\_\_\_\_ Driver's License (State and number): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Education: (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12                      College 1 2 3 4 5 6 + Major \_\_\_\_\_

Employer \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have charges pending or have you admitted guilt or been found guilty, including Deferred Adjudication, of committing felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI) \_\_\_\_ Yes \_\_\_\_ No

If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special skills/Educational training: \_\_\_\_\_

Volunteer/Community experience: \_\_\_\_\_

Circle the days and hours you are available:

Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours: Mornings Afternoons Evenings Weekends

In case of emergency, notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The information in this application is accurate, complete and is subject to verification by the City of Arlington. I authorize any person holding information on me, related to my application, to release it to the City of Arlington if so requested. I understand that the information provided by me may be used for the purpose of determining in my eligibility. I hereby release, indemnify and hold harmless any government entity, employer, and person furnishing or receiving records and information about me. I understand that any false information or omission in my application may be justification for refusal or, for termination of service with the City of Arlington.

I understand and agree that I am a volunteer when participating in all activities of the City of Arlington and I shall receive no payment for my services. No contract or agreement of employment is created by any written or oral representations made in connection with the Supplemental Employment Volunteer Program or in connection with any other program of the City of Arlington. I understand that I am not an employee of the City of Arlington, rather a volunteer who serves at the will of the City of Arlington. I have no expectation of continuing my participation in the program. As a volunteer, I may be dismissed from the program at any time, for any reason or the program may be discontinued at any time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (for minors) \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

DPS records screen \_\_\_\_\_ please initial

Attach supporting documents

WFS background screen \_\_\_\_\_ please initial

DOB \_\_\_\_\_

Department referred to \_\_\_\_\_

Date \_\_\_\_\_

Contact \_\_\_\_\_

Extension \_\_\_\_\_