



City of Arlington  
Volunteer Services  
101 S. Mesquite Street – Suite 790  
Arlington, Texas 76004  
817-459-6869

Name: \_\_\_\_\_

Last First Middle Initial

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

Street City Zip

**In what department are you interested in volunteering?**

Animal Shelter  Library (Adult/Teen)  Parks & Rec. \_\_\_\_\_  Victims Assistance

CERT  OTHER \_\_\_\_\_

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: \_\_\_\_\_ Gender: \_\_\_\_\_ Email \_\_\_\_\_

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

Employer: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

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

Do any members of your family work for the City of Arlington? If so, what is the relationship and Department? \_\_\_\_\_

Do you have charges pending or have you admitted guilt or been found guilty of committing felony or misdemeanor? (Include offenses for which probation was granted including Deferred Adjudication, 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.

\_\_\_\_\_

**\*Note failure to disclose any information, will result in immediate disqualification of your application.**

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

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

Please indicate the day(s) of the week and time(s) that you may be able to volunteer:

Days:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Times:  Mornings  Afternoons  Evenings  Weekends

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

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

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

I grant my permission for the City of Arlington to run a criminal history check on me.

I also extend my permission to the individuals and organizations contacted to provide all pertinent information in determining my suitability for volunteer service. **ALL APPLICANTS** are expected to: Participate in any required training; carry out City of Arlington employees' instructions; and follow all City of Arlington rules -- dress code, professionalism, etc. All volunteers will receive and acknowledge their receipt of The City of Arlington Municipal Volunteer Program Information Guide.

WAIVER AND RELEASE

As a participant in the City of Arlington Municipal Volunteer Program I understand my participation may include activities that are off-site, including tours, trips, outings and excursions at locations other than City Hall or the municipal facilities of the City of Arlington. In consideration for receiving permission for myself to participate in the City of Arlington Municipal Volunteer Program, I DO HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ARLINGTON, TEXAS, ITS AGENTS, REPRESENTATIVES, VOLUNTEERS, AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, LIABILITIES, DAMAGES, PERSONAL INJURIES INCLUDING DEATH, PROPERTY DAMAGE, ECONOMIC LOSSES, OR LOSS OF ANY NATURE OR CAUSE INCLUDING COSTS AND ATTORNEYS FEES IN CONNECTION WITH OR ARISING FROM MY PARTICIPATION IN THE CITY OF ARLINGTON MUNICIPAL VOLUNTEER PROGRAM, **INCLUDING DAMAGES AND/OR INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF THE CITY OF ARLINGTON OR ITS EMPLOYEES OR PARTICIPANTS IN THE PROGRAM.**

It is further agreed that the execution of this release shall not constitute a waiver by the City of Arlington of the defense of governmental immunity or any other defense.

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

-OR-

I further attest that I am the parent or guardian of the minor child, and that I have the legal right and authority to enter into this agreement on behalf of the minor and myself.

\_\_\_\_\_  
Signature of Parent/Guardian

I hereby **grant/do not grant** permission for the City of Arlington Municipal Volunteer Program to use the visual depiction of my minor child \_\_\_\_\_ for the purpose of training, advertising, publicity and promotion of the City of Arlington. I affirm to the use of my child's appearance and I agree to hold the City of Arlington harmless from any and all liability, which the City of Arlington may incur as a result of my child's appearance.

\_\_\_\_\_  
Signature of Parent/Guardian

I hereby acknowledge that the above information is correct to the best of my knowledge. I understand that the information that I have provided is subject to verification by the City of Arlington. I understand that any falsification of information prohibits my participation in or immediate dismissal from volunteer services for 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 furnishing or receiving records and information 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 Municipal 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 Department referred to \_\_\_\_\_  
ODS Approval \_\_\_\_\_ Contact \_\_\_\_\_

*The City will make reasonable accommodations upon request for qualified individuals with disabilities.*