



4900 River Oaks Blvd. • River Oaks, Texas 76114 • Phone: (817) 626-5421 • Fax: (817) 624-2154

VOLUNTEER APPLICATION

Instructions: Please complete the entire form and sign and date on back of this page. A copy of your Driver's License or other state issued ID will need to be attached to the application in order for it to be processed.

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

Preferred Contact Method: Home Phone Cell Phone Work Phone E-Mail

Date of Birth: _____ Sex: _____ Driver License #: _____

Previous States of Residence: _____

In case of emergency, please contact: _____ Phone: _____

Date(s) available: _____

Number of hours per day: _____

Number of days per week/month: _____

VOLUNTEER OPPORTUNITIES (PLEASE CHECK ALL THAT APPLY):

_____ **CITY HALL OFFICE**

Example(s): Run Copies, Permit Filing, and General Office Work

_____ **COMMUNITY CENTER**

Example (s): Serving Lunch, Clean Up After Lunch, General Office Work, Special Events

_____ **LIBRARY**

Example(s): Shelve Books, Assist with Library Displays

_____ **PUBLIC WORKS**

Example(s): For School Zones a.m. and/or p.m., Litter Control

_____ **SPECIAL EVENTS**

Example(s): Winter Celebration, All American Celebration

_____ **TRANSLATION**

Example(s): Translate City Documents

_____ **OTHER:** _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I authorize City of River Oaks to conduct a background check to verify all data given in this application. I further agree to hold the City of River Oaks harmless of any and all liabilities associated with my volunteering of services to the City of River Oaks.

I have carefully read and understand the above statement.

Applicant Signature: _____ Date: _____

For office use only

Date application received: _____

Approved by: _____

Date: _____

Notes: _____