



HR/Admin Use Only:

- BK Required
- BK Not Required
- Exemption Approved
- By: _____

City of Hewitt Volunteer Application

Please complete thoroughly. Type or print legibly in ink and return by mail, fax, or email to:

City of Hewitt Library
 200 Patriot Court
 Hewitt, TX 76643
 volunteer@cityofhewitt.com

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you at least 16 years of age? YES NO

Have you previously volunteered with the City of Hewitt? YES NO
 If yes, when? _____

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, please explain.
 Provide dates and nature of disposition: _____

Volunteer Information

How did you learn about volunteer opportunities with the City of Hewitt? _____

Are you volunteering with a group or organization? YES NO
 If yes, list group/organization name: _____

Are you interested in volunteering for a specific City of Hewitt department? YES NO
 If yes, name of department: _____

Are you interested in volunteering for a specific City of Hewitt event? YES NO
 If yes, name and date of event: _____

Please specify the date(s), days, and hours you are available to volunteer: _____

Do you have a certain number of hours that you need to complete? YES NO
 If yes, how many hours? _____

Based on your understanding of the Volunteer Program and your areas of interest, will you require a reasonable accommodation to participate as a volunteer?

YES NO

If yes, what reasonable accommodation would be needed to assist you? _____

Emergency Contact Information

Please list contacts in case of an emergency.

Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____

Volunteer Acknowledgement

The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the City of Hewitt. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Hewitt or immediate release from volunteer work.

I understand that a criminal history check may be administered as well as verification of any information provided as a part of the volunteer process.

In the event that I am placed as a volunteer with the City of Hewitt, I understand that I shall be required to sign and acknowledge the Volunteer Policies & Procedures and that I will be required to comply with all of the City's rules, policies, and regulations. I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the City of Hewitt has the right to terminate my services as a volunteer at any time, with or without notice.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 16): _____ Date: _____

Parent or Guardian Printed Name: _____



City of Hewitt Volunteer Waiver of Liability

Warning and Acknowledgement of Risks and Damages

I understand that it is the policy of the City of Hewitt that all volunteers under the age of 16 must be accompanied by a parent, legal guardian, or approved sponsor during volunteer hours.

I understand that it is my responsibility (or that of my parent/guardian/or sponsor) to be familiar with, understand, and follow the standards of City of Hewitt volunteers. Furthermore, I understand if I do not follow those standards I may be asked to forfeit my volunteer opportunity with the City of Hewitt.

I understand that, as a volunteer at the City of Hewitt, I am ineligible to receive compensation of any kind in exchange for any task performed and that the relationship is strictly voluntary for all parties involved.

I understand that there are certain inherent risks involved in volunteering at City of Hewitt including, but not limited to, exposure to the general public; lifting/pushing/pulling/carrying heavy objects; exposure to airborne pathogens; etc.

Liability Release

I understand that by signing this Waiver of Liability that I voluntarily agree to assume the full risk of any injuries, damages, or losses of properties. I, for myself, and on behalf of my heirs, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the City of Hewitt, the Hewitt Public Library, all members of said organizations, their respective employees, agents, and other individuals who are associated with the volunteer program, with respect to any and all injuries, damages, and losses that may arise from participation in this volunteer program. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Print volunteer name: _____ **Date:** _____

Signature of volunteer: _____

Print Parent/Guardian name (if under the age of 16): _____

Signature of Parent/Guardian: _____ **Date:** _____



If applicant is under the age of 16, this form must be filled out by a parent/ guardian.

DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for employment (including contract or volunteer services) with City of Hewitt , consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Signature

Date

The following information is being requested in order to conduct a background check on you:

Full Name: _____

Other names you have used: _____

Mailing Address: _____

Email Address (if you wish to be contacted this way): _____

Social Security No.: _____; Date of Birth: _____

Drivers License No.: _____; State of Issue: _____

May we contact your current employer? _____Yes _____No _____N/A