

Log Cabin Village

City of Fort Worth Parks and Community Services Volunteer Agreement

I, _____ volunteer to serve as
_____ for the _____
Job Assignment Department/ Division

of the City of Fort Worth.

As a volunteer, I agree to perform to the best of my ability, the tasks as outlined in my job description or the tasks established by my supervisor; report to work on time, when scheduled, and if unable, to call my supervisor; to accept supervision, maintain confidentiality; observe its goals and objectives and give my supervisor adequate notice before termination as a volunteer.

As a volunteer, I understand that the City does not provide volunteers with employee benefits, accident insurance, death benefits, compensation for lost time due to injury; nor does the City carry general liability insurance covering volunteers.

As a volunteer, I understand that I will be provided adequate work space when and where applicable; and ongoing supervision, evaluation and training.

I understand that the decision to offer me a position as a volunteer for the City of Fort Worth will be based on the answers I provide on my application and at my interview. The determination to disqualify me from volunteer consideration will be made by a representative of the City of Fort Worth Parks and Community Services Department. I understand that the decision to deny my application may not be appealed.

Signed: _____ Date: _____
(volunteer)

Signed: _____ Date: _____
(Parent or Legal Guardian
if Volunteer is a Minor)

Signed: _____ Date: _____
(Supervisor)

Signed: _____ Date: _____
(Volunteer Coordinator)

Log Cabin Village

Parks and Community Services Volunteer Enrollment

Name: _____ Phone(H) _____ (O) _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Whom to Contact in Emergency: _____

Relationship: _____ Phone: _____

Education: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

SKILLS AND INTERESTS:

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Public speaking, fundraising, etc |
| <input type="checkbox"/> Administrative Aide | <input type="checkbox"/> Teaching, tutoring, or special projects |
| <input type="checkbox"/> Community Center Aide | <input type="checkbox"/> Client referrals |
| <input type="checkbox"/> Park Operations / Maintenance | <input type="checkbox"/> Facilities Upkeep |
| <input type="checkbox"/> Skilled Trades | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gardening / Horticulture | <input type="checkbox"/> Graffiti Abatement |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> No preferences |

Is there a person or group that you are particularly interested in working with? (check all that apply)

- | | | | | |
|--------------------------------------|----------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Teens | <input type="checkbox"/> Children | <input type="checkbox"/> Community Ctr. Staff |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Males | <input type="checkbox"/> Females | <input type="checkbox"/> No preference | <input type="checkbox"/> Other _____ |

Are there any groups you would not feel comfortable working with? No Yes

If you checked yes, please identify: _____

AVAILABILITY:

At what times are you interested in volunteering?

I'm flexible Prefer weekdays Prefer days Prefer weekends Prefer evenings

Other _____ There are times during the week that I cannot do volunteer work: _____

Log Cabin Village
City of Fort Worth
Parks and Community Services Department

Consent to Release Information

I give permission to the City of Fort Worth Parks and Community Services Department to inquire about my qualifications and/or character. I understand that the information requested is for the purpose of a background/reference check and that this check may be made by phone or in writing and may include present and past employers, motor vehicle, and police records on an annual basis.

I also authorize employers and any persons who may have information concerning me and my background to furnish such information to the extent allowed by law and for the intended purpose of my application to perform as a volunteer for the Parks and Community Services Department, and hereby consent to the release of such information.

I certify that all information contained on this application and given at my interview is true and complete to the best of my knowledge and belief. I understand that any misrepresentations, omissions or falsifications will result in my removal from volunteer consideration or dismissal if placed.

Name (Printed)_____

Signature_____

Date_____

Log Cabin Village

Parks and Community Services Volunteer Application Supplement Criminal Records Check and Screening

First Name: _____ Middle Name _____ Last Name: _____

SSN: _____ Drivers License #or State ID _____ Date of Birth: _____

Have you been CONVICTED of a misdemeanor: ___ Yes ___ No A felony offense? ___ Yes ___ No

PLEASE INCLUDE A COPY OF YOUR DRIVER LICENSE OR STATE ID

If YES, please answer the following question about this conviction:*

1. When were you arrested/ticketed? _____
Month Year

2. Where were you arrested/ticketed? _____
City State

3. What were you charged with? _____

4. What was the outcome? _____

Probation: Starting _____ Finishing _____
Month Year Month Year

5. If you were sent to jail or prison:
a. When did you start your sentence? _____
Month Year

b. What was the name and location of the prison?
_____ Name Location

c. When were you released?
Paroled _____
Month Year

Sentence Completed _____
Month Year

d. If presently on parole, when will your parole be completed?
_____ Month Year

* If you have had more than one conviction, complete a separate form for each conviction.

Log Cabin Village

PLEASE SIGN AND DATE BELOW

Permission for Photographs or Recordings

Thank you for participating in our activities at the Log Cabin Village. We are requesting permission to photograph and/or record you, and/or, your child and/or family while participating by:

- 1) The Log Cabin Village and City of Fort Worth Department of Parks and Community Services staff, their representatives and/or
- 2) News media (television, newspapers, radio, magazines).

I understand such pictures or recordings may be reproduced, copyrighted, broadcast, telecast, cable cast, published, used in WWW Internet pages involving the Log Cabin Village and/or the City of Fort Worth Parks and Community Services Department.

I give permission for me, and/or, my child and/or family to be photographed or recorded.

Signature

Date