

SPECIAL EVENTS VOLUNTEER APPLICATION

PERSONAL INFORMATION – PLEASE PRINT

INSTRUCTIONS: *Print or type all information.*

Church or Group you are representing:								
Last Name:				First			Middle	
Home Address					City/Zip			
Cell Phone:		Home:		Email				
Event you are volunteering for:					Event Date(s)			

IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification. I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith.

Signature _____ **Date** _____

Parent’s Signature (needed for under 18) _____

VOLUNTEER ACKNOWLEDGMENT OF THE ALLIANCE DIRECT CONTRACTING PROGRAM

If I am hurt on the job (as a volunteer), I understand that:

1. I must choose a treating doctor from the Political Subdivision Workers’ Compensation Alliance (The Alliance) list of doctors designated as treating doctors. The most up-to-date list can be found online at www.pswca.org.
2. I must go to my treating doctor, chosen from the Alliance list, for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may seek emergency treatment.
3. I may have to pay the bill if I receive health care from a doctor, other than an Alliance doctor, without approval from the Texas Municipal League Risk Pool adjuster.

I have received information that tells me how to get on the job injury care under the City of Mesquite workers’ compensation coverage.

Signature _____ **Date** _____

PHOTO RELEASE

I hereby consent to and authorize the CITY, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.

SIGNATURE: _____ **DATE:** _____

Minor Volunteers: If you are under 18 years of age, you will need your parent or guardian to fill out the Parent/Guardian section of the Individual Release form below. You must have a parent/authorized custodian at all times at our volunteer events.

PARENT’S OR GUARDIAN’S ADDITIONAL PHOTO RELEASE

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Signature _____ **Date** _____

Parent’s Signature (needed for under 18) _____