

# SPECIAL EVENTS VOLUNTEER APPLICATION

*INSTRUCTIONS: Print or type all information. False information is cause for rejection or dismissal. All applicants meeting the City of Mesquite's minimum qualifications will be considered for volunteer assignments without regard to race, religion, sex, national origin, age or the presence of a non-job related medical condition or disability.*

### PERSONAL INFORMATION – PLEASE PRINT

<b>Last Name:</b>		<b>First</b>		<b>Middle</b>	
<b>Home Address</b>				<b>City/Zip</b>	
<b>Cell Phone:</b>		<b>Home:</b>		<b>Email</b>	
<b>Event you are volunteering for:</b>				<b>Event Date(s)</b>	

### 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](http://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**

**PHOTO RELEASE**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent’s Signature (needed for under 18)** \_\_\_\_\_

**VOLUNTEER SERVICES**

P.O. Box 850137 ♦ Mesquite, Texas 75185-0137  
(972) 329-8331 ♦ (972) 329-8340 fax