

APPLICATION FOR VOLUNTEER SERVICES

P.O. BOX 850137, MESQUITE, TEXAS 75185-0137
 1616 N. GALLOWAY MESQUITE, TEXAS 75149
 (972) 329-8331 FAX (972) 329-8340
 E-mail: volunteers@cityofmesquite.com

Visit www.cityofmesquite.com/volunteer to see all available volunteer positions.



INSTRUCTIONS: Please complete in full. Print or type all information. False information is cause for rejection or dismissal. Volunteer work is subject to applicant's satisfying the City's requirements as to character, testing and post-offer physical examination (when required).

All applicants meeting the City of Mesquite's minimum qualifications for the specified job 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.

Name (Full - Last, First, MI):		Date of Birth: ____/____/____	Email Address:	
Street Address:		City:	State:	Zip:
Cell Phone:		Home or Business Phone:		
Present Occupation/Employer/School:		DEPARTMENT ASSIGNMENT REQUEST		

THE CITY OF MESQUITE DOES NOT ACCEPT VOLUNTEER SERVICE FOR COURT CITATIONS.

Are you seeking volunteer work to satisfy a court citation? Yes No

Skills: (1) _____ (2) _____ Other Languages Spoken: _____	Availability: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Hours: ____ To ____ AM/PM (Circle One) Day ____ Evening ____
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IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification.

I understand that if I am conditionally offered an opportunity to volunteer for the City of Mesquite in a position involving driving, I will be subject to a post-offer physical which will include drug testing. Any offer of volunteer work that I may receive will be conditioned upon the results of any required background checks and the post-offer physical exam, if applicable to my position.

The information supplied herein is true and correct, to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PARENT SIGNATURE (needed for under 18): _____

PHYSICAL EXAM WAIVER - To be completed if you are NOT requesting authorization to drive as a volunteer. By signing below, I agree to waive the physical exam process and will not drive as part of my volunteer duties with the City of Mesquite.

SIGNATURE: _____ DATE: _____

VOLUNTEER ACKNOWLEDGMENT OF THE ALLIANCE DIRECT CONTRACTING PROGRAM

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

- 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.
- 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.
- 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: _____

Office Use Only

<input type="checkbox"/> Driver's License <input type="checkbox"/> Physical <input type="checkbox"/> Background <input type="checkbox"/> Drug Screen <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver	Date Received
Volunteer Services: _____ Date: _____ HR Approval: _____ Date: _____ Approval expiration date: _____	

Last: _____

First: _____

M.I. _____

Expires: _____

DISCLOSURE AND AUTHORIZATION – FOR VOLUNTEER BACKGROUND CHECK

In connection with my application for volunteer services with The City of Mesquite, "City", consumer reports will be requested. These reports may include the following types of information as applicable: driving records, accidents, and licensure. I further understand that such reports may contain public record information such as, but not limited to: my driving record and criminal records from federal, state and other agencies that maintain such records.

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, "FIRST CHECK", at 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 accepted for volunteer services, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my volunteer service period.

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: _____

Driver's License No.: _____; State of Issue: _____

May we contact your current employer? _____ Yes _____ No _____ N/A

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.

VOLUNTEER SIGNATURE

DATE

ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER

EMERGENCY NUMBER

EMAIL (Optional)

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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Parent/Guardian’s signature:_____

Printed Name:_____

Date: _____