

PARKS & LEISURE SERVICES VOLUNTEER APPLICATION FORM

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with Temple Parks & Leisure Services. Please type or print clearly. Age restrictions may apply to some volunteer placements.

Name:				
	Last	First		Middle
Address:				
	Street	City	State	Zip
Telephone:				
	Home	Work	Cell	
E-mail Address:		Date of Birth:/	// (mm/dd/	уууу)
Volunteer Informa	tion/Special Intere	sts/Training		
Have you been a vol	lunteer with us befo	re? Yes No If yes, where? _		
When?		Who was your supervisor?		
through other activit		•		
Coaching: Speci				
☐ Mayborn Conver☐ Office Support	ntion Center	☐ Sammons Community Cen ☐ Sammons Golf Course	iter Summit Fitn Swimming I	
Sports (Scorekee	eping, etc.)	Special Events		enance (mow, etc.)
Other	1 0	☐ Visitor Center		eation Center
Check the age grou	ips and programs t	that you are most interested in vol	lunteering:	
Preschoolers Adults People with physic		Seniors	Teens Families Special needs popular	tions
Schedule Preferenc	ce: (Check all that	apply)		
	Tuesday		☐ Saturday ☐	Sunday
Times Availables			Saturday	~

I understand it is my responsibility to share client information only with staff involved, to keep all information confidential, and to report any information to my supervisor which may impact customers and/or co-workers.

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

Volunteer Applicant Name (Print)			
Volunteer Applicant Signature		Date	
Parent/Guardian's Signature(If volunteer is less than 18 years of age)		Date	
Parent/Guardian's Phone	Email		

It is the intent of the Temple Parks & Leisure Services Department to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

We look forward to working with you and appreciate the generous offer of your time and skill.

Questions about our volunteer program?

Contact Angela S Cases, Volunteer Coordinator, Temple Parks & Leisure Services
254-298-5774 or acases@templetx.gov
1909 Curtis B. Elliott Drive, Temple, TX 76501

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

Each applicant, staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the City of Temple to perform the criminal background search.

I, the undersigned, hereby give my permission for the City of Temple to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as, plea bargains, deferred adjudications and delinquent conduct committed as a juvenile. Information obtained may also include any charges pending or not disposed of. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Temple, its officers, directors, employees and agents, and hold them harmless from and against any and all courses of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever including claims for negligence, gross negligence, and/or strict liability of the City of Temple and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee.

It is my understanding that the City of Temple will rely on information provided by the Texas Department of Public Safety, Bell County, City of Temple Municipal Court, and City of Temple Police Department. I understand that the City of Temple will not release my record to me, nor discuss anything contained thereon with me, and that if I have questions regarding the information contained therein, I must contact the reporting agencies in order to clarify such information.

I understand that this form in no way constitutes legal advice, and that if I require any legal advice, it shall be obtained privately and at my own expense.

Applicant Printed Name	
Applicant's Signature	Date
DL#	State
Date of Birth	

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I,	, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)	Torre December of Public Cofee
history (CCH) verification check will be performed by	accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB in	nformation I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss <u>any</u> information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee	Please: Check and Initial each Applicable Space		
Date	CCH Report Printed:		
Agency Name (Please print)	YES NO Purpose of CCH:	initia	
Agency Representative Name (Please print)	Hire Not Hired	initia	
Signature of Agency Representative	Date Printed: Destroyed Date:	initial	
Date	Retain in your file	Retain in your files	

Automatic Disqualifiers

It is the policy of the City of Temple to automatically exclude all volunteer applicants whose records are shown to have the following:

- 1. All sex offenses regardless of the amount of time since offense;
- 2. All felony violence regardless of the amount of time since offense;
- 3. All felony offenses other than violence or sex within the past ten (10) years;
- 4. All misdemeanor violence offenses within the past seven (7) years;
- 5. All misdemeanor drug and alcohol offenses within the past five (5) years or multiple offenses in the past ten (10) years; and
- 6. Any charges pending or not disposed of that fall within the categories above.

The City of Temple reserves the right to disallow other types of offenses if such offense is shown to be a concern for the type of work performed.