



City of Lake Dallas Volunteer Application

212 Main Street, Lake Dallas, Texas 75065
940-497-2226; fax: 940-321-6780

(Please Print)

Date of Application _____

Name: _____
Last First Middle

Date of Birth _____ DL Number / State _____

Address _____ City _____

Home Phone _____ Cell Phone _____

Type of work or Department applying for: _____

Days and Hours available for volunteer work:

Sunday	Y / N	Hours Available _____
Monday	Y / N	Hours Available _____
Tuesday	Y / N	Hours Available _____
Wednesday	Y / N	Hours Available _____
Thursday	Y / N	Hours Available _____
Friday	Y / N	Hours Available _____
Saturday	Y / N	Hours Available _____

Are you over the age of 18? Yes _____ No _____

Emergency contact information: Name _____

Address: _____

Phone number: _____

Have you ever done volunteer work before? Yes _____ No _____

If yes where and what were your duties? _____

Do you speak any foreign languages?

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Describe any special skills that you have which may be helpful in considering you for this volunteer position. _____

Have you ever been convicted of a crime other than a traffic offense? Yes _____ No _____

If yes explain:

Education:

	Name of School	Years completed	Diploma/Degree
High School	_____		
College	_____		

Past residences:

Address	City	State

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Dates Employed:		
	From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary:		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

2.

Employer	Dates Employed:		
	From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary:		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

3.

Employer	Dates Employed:		
	From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary:		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

Specialized Skills**Check Skills/Equipment Operated**

Specialized Skills		Check Skills/Equipment Operated	
<input type="checkbox"/> Fax		Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word/WordPerfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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During my volunteer term, I understand that I may be in contact with confidential materials. All such information shall be kept strictly confidential. This information should be shared only with staff involved in the transaction. In the event I leave my position as volunteer for the City of Lake Dallas any and all information gained through my service must not be released and shall remain confidential. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the Lake Dallas volunteer program as may be necessary in arriving at a decision.

This application for the volunteer program shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered as a volunteer beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the volunteer may resign at any time and the Employer may discharge the volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that false or misleading information given in my application or interview(s) may result in disqualification. I understand, also, that I am required to abide by all regulations of the Lake Dallas Animal Shelter volunteer rules and applicable Animal Services Policy regulations. I understand that consideration for this position is contingent upon the result of a background and reference check. Application must be accompanied by Waiver Of Liability.

Printed Name of Applicant

Date

Signature of Applicant



WAIVER OF LIABILITY

The State of Texas
Denton County

THAT I, the undersigned _____, a private person and in the consideration of the privilege of a guest and volunteer observer, and / or voluntary worker in the Lake Dallas Animal Shelter, and recognizing that routine animal service activity involves certain inherent dangers, do hereby agree to assume the risks attendant to such activity, and do hereby release the City of Lake Dallas, its Animal Services Agents, and employees, in both their public and private capacities, from any and all liability claims, suits, demands or causes of action which may arise from being a participant in the animal service programs and or activities.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Lake Dallas of the defense of governmental immunity, where applicable, or any other defense recognized by the Courts of this State.

Signed, this the _____ day of _____, 20 _____

Signature _____

Address _____ Phone _____

STATE OF TEXAS
COUNTY OF DENTON

Acknowledgement

BEFORE ME, _____, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed same for the purposes and consideration there expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, This _____ day of _____ 20 ____.

Notary Public in and for Denton County Texas

My Commission expires _____