



CITY OF NACOGDOCHES
VOLUNTEER AGREEMENT AND RELEASE

I _____ request the City of Nacogdoches ("City") allow me to volunteer my time and expertise to assist the City of Nacogdoches, Texas in carrying out its mission of service to the citizens of Nacogdoches. As consideration for the City allowing me to serve as a volunteer, I hereby agree to the following:

- I am over the age of 18.
- I acknowledge and agree that I am not an employee of the City. Under no circumstances will I represent that I am an employee of the City. Any and all of the activities that I perform will be as a volunteer only.
- I understand and agree that I will not receive any form of compensation or remuneration for these volunteer services. I understand and agree that the City may at its discretion discontinue my volunteer services at any time and without prior or written notice, and without cause or reason.
- If any activity to which I am assigned presents risks that I do not feel comfortable with, then it is my responsibility to state that concern to the applicable City employee or volunteer coordinator and announce my decision not to engage in that activity.
- I agree to abide by all safety rules that are applicable at the site in which I am performing volunteer duties, to properly use any personal protective equipment that may be provided to me, and will always perform volunteer activities in a safe and prudent manner. I will notify a City employee of any injuries that occur while volunteering.
- I agree that I will abide by the policies, directives, statues and ordinances of the City.
- I authorize that the City may seek emergency medical treatment on my behalf in case of any accident, injury or illness that should occur involving me.
- I agree to dress appropriately for the volunteer services performed.
- I agree to be respectful and professional.

In consideration for my being allowed to provide volunteer services for the City, I do of my own free will knowingly execute this Volunteer Agreement and Release which I have read and fully understand. My signature as a Volunteer of the City is affixed below.

Volunteer:

(Signature)

(Printed Name)

(Date)

CITY OF NACOGDOCHES
VOLUNTEER EMERGENCY CONTACT INFORMATION

VOLUNTEER NAME: _____ DATE: _____

MAILING ADDRESS: _____
(STREET) (CITY) (STATE/ZIP)

DAYTIME PHONE #: _____

EVENING PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

DAYTIME PHONE #: _____

EVENING PHONE #: _____

CELL: _____

VOLUNTEER ACTIVITY

CITY DEPARTMENT: _____

TITLE: _____

ACTIVITY: _____

LOCATION: _____

CHILD'S NAME: _____

CHILD'S AGE DIVISION: _____

**** ALL VOLUNTEERS WILL HAVE A CRIMINAL BACKGROUND CHECK CONDUCTED**

AND APPROVED BY THE CITY PRIOR TO BECOMING A CITY VOLUNTEER**



202 East Pilar Street, Rm. 110
P.O. Box 635030
Nacogdoches, TX 75963
936-559-2567

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(MO/YR) (Street) (City) (State & Zip)

Previous Address From: _____
(MO/YR) (Street) (City) (State & Zip)

Previous Address From: _____
(MO/YR) (Street) (City) (State & Zip)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver License Number & State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the City of Nacogdoches and its designated agents and representatives to conduct a comprehensive review of my background and references causing a consumer report and/or investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of social security number, credit reports, current references and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Nacogdoches or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The City of Nacogdoches and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner, unless otherwise required by law, in order to protect the applicant's personal information, including, but not limited to, address, social security numbers, and dates of birth.

Signature: _____ Date: _____

Parent or Guardian: (If applicant is under the age of 18)

(Signature)

(Date)

(Printed Name)