## City of Fort Worth Volunteer Application and Agreement

Name:			
Last	First		Middle
Address:			
Street		City	
If you have lived outside of Texas v	vithin the last seven	years, indicate State(s)	
Home Phone:	Work Phone:		
Social Sec No.:	Driver's License	Birth Date:	
Education: (Circle one) 1 2 3 4 5 6	789101112	College 1 2 3 4 5 6 +	Major:
Employer			
Dates of employment:		Phone:	
location of the court(s), and the dis	position of the case(	s).	
Languages Spoken: Special skills/Educational training:			
Volunteer/Community experience:			
In case of emergency, notify:	Name:		
	Address:		
	Phone:		
By my signature below, I affirm th this information is subject to verific			
	ation by the Oity Of	a on worth. I authorize ally	person norung information on me

this information is subject to verification by the City of Fort Worth. I authorize any person holding information on me related to my application to release it to the City of Fort Worth if so requested. I understand that the information provided by me may be used for the purpose of determining in my eligibility. I hereby release, indemnify, and hold harmless any government entity, employer, and person furnishing or receiving records and information about me. I understand that any false information or omission in my application may be justification for refusal or for termination of service with the City of Fort Worth.

I understand and agree that I am a volunteer when participating in all activities of the City of Fort Worth, and I shall receive no payment for my services. No contract or agreement of employment is created by any written or oral representations made in connection with the volunteer activity or in connection with any other program of the City of Fort Worth. I understand that I am not an employee of the City of Fort Worth, rather a volunteer who serves at the will of the City of Fort Worth. I have no expectation of continuing my participation in the program. As a volunteer, I understand that the City does not provide me with employee benefits, accident insurance, death benefits, compensation for lost time due to injury; nor does the City carry general liability insurance covering volunteers.

As a volunteer, I agree to perform to the best of my ability, the tasks as outlined in my job description or the tasks established by my supervisor; report to work on time, when scheduled, and if unable, to call my supervisor; to accept supervision, maintain confidentiality; observe its goals and objectives and give my supervisor adequate notice before termination as a volunteer.

I hereby grant the City of Fort Worth permission to use, edit, alter, copy, exhibit, publish, or distribute photographs, videotapes, or other recordings or visual likenesses of me and/or the listed minor(s) that are made during the course of my volunteer activities in any and all of its publications or broadcasts, including website entries, without payment or any other consideration.

Signature of Applicant	Date		
Parent or Guardian (for minors)		Date	
FOR CITY OF FORT WORTH USE ONLY DPS records screen Warrant screen Shelter referred to Contact	please initial please initial	Attach supporting documents DOB Date Extension	