



VOLUNTEERING

Considering on volunteering at the City of Dayton? Volunteering is one of the most rewarding experiences a person can have. Furthermore, it is a benefit you gain from volunteering.

As a volunteer you are able to:

- Make a difference as you make a positive effect on people, the community and society in general
- Gain confidence by trying something new and giving you a real sense of accomplishment
- Meet different kinds of people and establish new relationships
- Be a part of the community, something outside of your family and friends
- Learn new skills and gain experience
- Challenge yourself to do something different and discovering hidden talents and abilities
- Have a great time!

There are countless creative ways to express compassion by serving others. Volunteers like you are changing our community by giving of your talents and time.

We thank you in advance for considering to serve as a volunteer at the City of Dayton!

VOLUNTEER

Volunteer Application Form



Applicants seeking Court Ordered Community Service Hours are required to complete a different application.

Thank you for your interest in volunteering with the City of Dayton. Anyone interested in volunteering for the City of Dayton, shall be required to complete the application in full.

Personal Information

Last Name	First Name	Middle
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Street Address 1	City	State	Zip Code
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Street Address 2	City	State	Zip Code
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Home Phone	Work Phone	Cell Phone
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Email Address:

Volunteer Opportunities

How often would you like to volunteer?	Once a week <input type="checkbox"/>	Once a month <input type="checkbox"/>	Other <input type="checkbox"/>
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Please check times and days you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday
AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
EVE <input type="checkbox"/>	EVE <input type="checkbox"/>	EVE <input type="checkbox"/>	EVE <input type="checkbox"/>	EVE <input type="checkbox"/>

Do you have transportation to and from your volunteer assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In which areas are you interested in volunteering: (Please Specify)

Emergency Contact Information

In case of emergency, please notify:

Name:	Relationship:
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Home Phone:	Work Phone:	Cell Phone:
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Demographics Information

Date of Birth:	Age:	Gender:
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NOTICE TO APPLICANTS:

All applicants must be at least 12 years of age or older. Children between the ages of 12-17 years old must submit a completed Parental/Guardian Consent Form. The Parent/Guardian should accompany the minor while completing the application. All volunteers 18 and older must successfully pass a criminal background check.

ACKNOWLEDGMENT:

By submitting this form, I acknowledge that:

- Volunteering is a privilege, and that while working as a volunteer, I represent the City of Dayton.
- I am expected to conduct myself with honesty, self-discipline, and in a courteous and professional manner at all times.
- I must abide by the rules and regulations established by the City of Dayton Volunteer Program.
- I volunteer and donate my services to the City of Dayton, therefore I acknowledge that my participation is completely voluntary and is being undertaken without the promise or expectation of compensation.
- I must notify the Department Head or the person overseeing the Volunteer Services Program when I am unable to work as scheduled. I will also notify the Department Head or the person overseeing the Volunteer Service Program in the event that I am not able to continue volunteering for the City of Dayton.
- I acknowledge that I assume all responsibility and risk of participating in the City of Daytons Volunteer Program, and agree to hold harmless and release the City of Dayton, its officers, agents, and employees from any and all claims and suits for property damage, loss, or personal injury, including death, sustained in connection with my volunteer services, whether or not such damages or injuries are caused directly or indirectly by the negligence of officers, agents or employees of the City of Dayton. Furthermore, I hereby agree to indemnify, hold harmless, and defend the City of Dayton, its officers,agents, and employees from any and all suits for property loss or damage and/or personal injury, including death, sustained by others by reason of my participation in the City of Daytons volunteer program.
- Injuries must be reported to a staff person immediately.
- Should I become privy to private or confidential information regarding the City of Dayton, I agree to hold all such information in the strictest confidence and shall not disclose or discuss such private or confidential information with any third party.
- The City of Dayton may remove me from my volunteer position at any time, for any reason, and without cause.

I have carefully read this release and fully understand its contents. I understand the above mentioned release of liability and I freely and voluntarily accept the terms.

Once the application has been completed, please return to the City of Dayton Human Resources Department at City Hall.

Name (Printed)

Date

Signature

Date



VOLUNTEER

**Parental/Guardian Consent Form
(12-17 years)**

In order for your child to become a volunteer with the Volunteer City of Dayton program, we need your consent and your involvement in helping him/her to have a productive experience. Please read and sign this parental consent form in order for us to continue our process or considering your child as a volunteer.

Name of Agency: **City of Dayton**

Name of prospective youth volunteer: _____

Birth Date: ____/____/____

Address: _____

I understand that my child, name above, wishes to be considered as a volunteer with the Volunteer City of Dayton program, and I hereby give my permission for him/her to serve in that capacity, if accepted by the City of Dayton. I understand that he/she will be expected to meet all of the requirements of the volunteer position, including attendance and adherence to Volunteer City of Dayton policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed or be guaranteed of any future position with the City of Dayton. I further understand and agree that my child is not an officer, agent, or employee of the City of Dayton, and that my child's service in such activity shall not be constructed or interpreted as such. I also acknowledge that this consent gives my child permission to be transported by City staff on trips necessary to the volunteer work.

I acknowledge that, on behalf of my child, I assume all responsibility and risk of my child's participating in the Volunteer City of Dayton program and agree to hold harmless and release the City of Dayton, its officers, agents and employees from any and all claims and suits for property damage, loss, or personal injury, including death, sustained by my child in connection with my child's services, whether or not such damages or injuries are caused directly or indirectly by negligence of officers, agents or employees of the City of Dayton. Furthermore, I hereby agree to indemnify, hold harmless and defend the City of Dayton, its officers, agents, and employees, from any and all suits, for property loss or damage and/or personal injury, including death, sustained by others by reason of my child's participating in the Volunteer City of Dayton program.

I certify that I have read this release thoroughly and that I understand its terms and conditions. I make this release and waiver voluntarily and have not relied upon any representations made by the City of Dayton, its officers, agents, employees or volunteers. I further certify that I understand that in making this waiver or liability I am making a decision of substantial significance and am willing to assume such risks.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS DOCUMENTS. UPON SIGNING YOU SIGNIFY THAT YOU HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS CONTAINED.

HEREIN. Parent/Guardian (Print): _____

(Signature): _____

Today's Date: ____/____/____ **Day Phone:** _____

Evening Phone: _____

**CONSENT DOCUMENT
DISCLOSURE AND AUTHORIZATION-EMPLOYMENT OR VOLUNTEER**

In connection with my application for employment (including contract or volunteer services) with the City of Dayton, Dayton, Texas, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, ect. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, evictions, criminal records, ect., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, ect. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

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, 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 report on my which the agency has previously furnished within the 2 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 hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumers rights under the Fair Credit Reporting Act.

The following information is being requested in order to conduct a background check on you:

Legal Full Name: _____

	Last Name	First	M.I
Other names you have used: _____			

Current Address: _____			
Address	City	State	Zip code

**CONTINUED-CONSENT DOCUMENT
DISCLOSURE AND AUTHORIZATION-EMPLOYMENT OR VOLUNTEER (PAGE 2)**

RESIDENTIAL HISTORY: LIST ALL RESIDENTIAL ADDRESSES IN THE LAST 7 YEARS

	From	To	
Address	City	State	Zip Code

	From	To	
Address	City	State	Zip Code

	From	To	
Address	City	State	Zip Code

Email Address (If you wish to be contacted this way): _____

Social Security No: _____; Date of Birth: _____

Drivers License No: _____; State of Issue: _____

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

Signature

Date



City of Dayton, Texas

117 Cook Street

Dayton TX 77535

Phone (936) 258-2642 Fax (936) 258-2348

I authorize the City of Dayton to make copies of my driver's license and social security card. I understand that these will be placed in my employee file for payroll purposes and may also be used to retrieve information about my background, drug and alcohol screen and/or driving record check as I have already authorized in the applicable signed documents.

Signature

Printed Name

Date