



### VOLUNTEER REGISTRATION FORM

Department/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (first, middle, last): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Volunteer Opportunities: Volunteers can benefit us in many ways, please check **two** areas of interest. Use a **1 for your first preference** and a **2 for your second preference**.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> AIRPORT        | <input type="checkbox"/> ENVIRO SERVICES | <input type="checkbox"/> LIBRARY        | <input type="checkbox"/> PERFORMING ARTS |
| <input type="checkbox"/> ANIMAL SHELTER | <input type="checkbox"/> GOLF COURSE     | <input type="checkbox"/> MUSEUM         | <input type="checkbox"/> SPECIAL EVENTS  |
| <input type="checkbox"/> BTW REC CENTER | <input type="checkbox"/> HEALTH          | <input type="checkbox"/> PARKS          | <input type="checkbox"/> SENIOR PROGRAMS |
| <input type="checkbox"/> CONFERENCE CTR | <input type="checkbox"/> HOUSING         | <input type="checkbox"/> SPLASH STATION | <input type="checkbox"/> CITIZENS POLICE |
|   |  |   | <input type="checkbox"/> ANY DEPARTMENT  |

Previous Volunteer Experience (location, dates, duties): \_\_\_\_\_

Other certifications/licenses/skills: \_\_\_\_\_

When are you available to volunteer? Check all that apply:

- |  |   |                                    |                                    |   |
|--|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> One Time      | <input type="checkbox"/> Short Term     | <input type="checkbox"/> Long Term | <input type="checkbox"/> As Needed | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Once per week | <input type="checkbox"/> Once per month | <input type="checkbox"/> Weekdays  | <input type="checkbox"/> Weekends  | <input type="checkbox"/> Summer Only    |

Specific days & time(s) you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

In case of an emergency, notify:

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

For Internal Use Only: Date Received: _____ Date Processed: _____ Supervisor Notified? Y or N Date: _____
Reference # _____ Eligible? Y or N

PLEASE READ AND COMPLETE BOTH SIDES OF FORM

Have you ever been convicted, pled guilty, or no contest to a misdemeanor or felony or other crime in a military or civilian court?  Yes  No If yes, please describe:

**PLEASE READ BEFORE SIGNING**

**As a volunteer member of the City of Cleburne, I agree to:**

Follow the City of Cleburne's policies, rules and procedures

Place safety and well-being first

Represent the City of Cleburne in a professional manner that presents a positive image to the community

Grant the City of Cleburne permission to use my likeness, voice, photograph and words in any form for promotional activities without payment or consideration

Grant permission to use, edit, alter or copy my photographs in any and all publications including Web sites without payment or any other compensation

Grant the City of Cleburne all rights to release any photos taken of me or by me to the media

**As a volunteer I affirm that:**

I agree not to consume, use, possess, or be under the influence of any drug

Date of Birth: \_\_\_\_\_ First 5 Digits of Social Security #: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

It is your responsibility to notify Risk Management if any of the information in this registration changes.

The City of Cleburne is subject to the Public Information Act. As a volunteer, you may disallow public access to your personal information. Please make a selection and sign below. If no selection is made below, your information may be subject to public access.

Type of Information	Allow Release to the Public?	
Home Address	____ Yes	____ No
Home Telephone Number	____ Yes	____ No
Social Security Number	____ Yes	____ No

**Workers' Compensation Information:**

Volunteers must notify the City of Cleburne of any injury that occurs while performing volunteer duties for the City of Cleburne. The City of Cleburne is a member of the Political Subdivision Workers' Compensation Alliance (PWSCA) and volunteers must seek treatment for an on-the-job injury from a doctor on the approved list. Therefore, for coordination of doctor visits, volunteers must immediately report to their supervisor or contact Risk Management at 817-645-0916 or 817-240-3777. Failure to see a doctor on the approved list may lead to the claim not being paid. In an emergency situation, volunteers may be treated at any emergency facility.

Return Signed Registration Form to:

RISK MANAGEMENT  
City of Cleburne  
P O Box 677  
Cleburne TX 76033

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **VOLUNTEER AGREEMENT**

As a registered volunteer for the City of Cleburne, I understand that I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever. I further understand that there is no employment relationship as a result of my volunteer activity.

I understand that my volunteer activity may involve personal risk and could result in property or bodily injury. While volunteering for the City of Cleburne, I will be provided with third party liability insurance, subject to the conditions of the insurance policy. Furthermore, I understand that I will be covered by the City's workers' compensation insurance for any injuries or illnesses that may occur as a result of my volunteer activities. I understand that this coverage is provided at no cost to the volunteer. Any disputes should be directed to the City's insurance carrier or handled through TDI (Texas Department of Insurance).

With the exception of the types of claims set out in the preceding paragraph, I agree to indemnify and hold harmless the City of Cleburne, its employees, officials, and agents from all claims, demands, causes of action, losses, damages or costs arising from my actions as a volunteer, unless such claims, demands, causes of action, losses, damages or costs are attributable to my participation as a volunteer. I hereby release, waive, and discharge the City of Cleburne from all liability to my heirs, executors, administrators, and assignees for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.

I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Cleburne.

I understand that volunteers are not allowed to drive a City vehicle without permission of Risk Management and/or Department Director. Furthermore, City policy prohibits anyone under the age of 18 from driving a City vehicle.

I understand that I shall only act within the scope of duties assigned by the City of Cleburne while under the general supervision of an officer, director, or an employee of the City of Cleburne. I understand that I shall maintain the utmost professionalism while volunteering for the City of Cleburne in a positive constructive manner. I agree to abide by all applicable rules and regulations and codes of the City of Cleburne.

I understand that situations arise that may require volunteers to deal with confidential information. Volunteers will be expected to maintain the utmost professionalism when dealing with information and records that are confidential. Therefore, I agree not to disclose, release, or make use of any confidential or personal information that has been shared with, or acquired by, me.

I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seems reasonably advisable.

I understand my volunteering is contingent upon the result of a successful background check. I understand that failure to execute this consent will result in my not being further considered for volunteerism. My signature below authorizes the City of Cleburne to obtain and evaluate my criminal history background and that this may be repeated at any time. Any falsifications in this application may result in disqualification. I further authorize the City of Cleburne to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer.

Personal information collected for these purposes will only be used internally by the City of Cleburne, Risk Management, and will only be disclosed to you, except if the law requires disclosure to a third party. This application may be submitted to City of Cleburne, Risk Management at P.O. Box 677, Cleburne TX 76033. Questions about the collection and use of this information should be directed to Risk Management at 817-645-0916.

I acknowledge having read, understood, and agree to the above conditions. I certify that all statements made by me in this application and attached documents, are true and complete to the best of my knowledge and belief, and are made in good faith.

**Volunteer applications are kept active for one year from the date of receipt and then destroyed. You are required to submit an application annually.**

Signed on this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name  
(over)

**Parent/Guardian Consent [include if the person is under 18]**

Note: Under the age of 18 are only eligible to perform office work. (see below)

Volunteers are expected to be with a parent or guardian if under the age of fourteen (14) years. The parent/guardian shall be with the child and accessible to their needs at all times.

*I hereby certify that I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this release.*

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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**Texas & Federal Child Labor Laws**

A person 14 or 15 years of age may not work more than 8 hours in one day or more than 48 hours in a week. They also may not work between the hours of 10:00 pm and 5:00 am on a day that is followed by a school day or between the hours of midnight and 5:00 am on a day that is not followed by a school day. A person who is 14 or 15 years of age may not work between the hours of midnight and 5:00 am on any day that school is recessed for the summer. They may only work between 7:00 am and 7:00 pm during the school year and between June 1 and Labor Day, between the hours of 7:00 am and 9:00 pm.

A child 16 or 17 years of age have no restrictions on the number of hours or times of day they may work.

A child who is 14 or 15 may be employed in retail, food service, office/clerical, and maintenance of grounds (but not to include the use of power-driven mowers or cutters). Persons who are 14 – 17 years old may not perform duties which the Secretary of Labor may find and declare to be hazardous or detrimental to their health or well-being.

Persons who are 14 – 15 years old are prohibited from work that includes:

- construction (including demolition and repair);
- work requiring the use of ladders or scaffolds;
- cooking; including the use of electric/gas grilles, deep fryers, grinders, food slicers, food choppers, cutters, and bakery type mixers;
- baking;
- Work in freezers and meat coolers and all work in the preparation of meat for sale;
- loading or unloading goods to and from trucks, railroad cars, or conveyors;
- All work in warehouses except office and clerical;
- Operating power-driven mowers or cutters.

Persons who are 14 – 17 years old are prohibited from work that includes:

- driving a motor vehicle on any public road or highway or servicing a motor vehicle;
- operating or assisting to operate power driven woodworking machines;
- operating or assisting to operate power driven hoisting apparatus such as elevators, cranes, hoists, and high-lift trucks;
- operating or assisting to operate power driven metal forming, punching, and shearing machines;
- operating or assisting to operate power driven meat processing machines;
- operating or assisting to operate power driven bakery machines;
- operating or assisting to operate power driven circular saws, band saws, and guillotine shears;
- roofing operations and work on or about a roof;
- excavation operations.