



AUSTIN PARKS & RECREATION VOLUNTEER APPLICATION

The Volunteer Program invites community and business groups to partner with Austin Parks & Recreation (PAR) to help maintain and improve Austin parks and recreation facilities. Please complete this application form if you are interested in becoming a Parks and Recreation volunteer.

CONTACT INFORMATION

Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____ E-Mail: _____

GROUP INFORMATION

If you are the group leader applying for your group please enter the name of the group, and if known, enter the number of group members in the members field

☐ Individual ☐ Group

Group Name: _____

of Members: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, whom should we notify? If you are under 18, please show parent or guardian for permission purposes

Name: _____
Relationship: _____
Phone Number: _____ E-Mail: _____

ASSIGNMENT PREFERENCE

Do you have a specific volunteer assignment in mind? If so, please tell us which assignment, facility or program you are interested in volunteering with.

Please submit request to:

Email: parksvolunteer@austintexas.gov • **P:** 512.974.6770 • **F:** 512. 974.6756
Austin Parks & Recreation • 200 S Lamar Blvd., Austin, TX 78704 • Attn: Volunteer Program



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Liability Release Waiver

In consideration of volunteer being allowed to provide a service for the City of Austin Parks and Recreation Department, the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or volunteer provides transportation for himself/herself or if his/her child is volunteering, this waiver and release shall extend to and release the volunteer driver or City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

___ I Agree

Volunteer Applicant Signature: _____ Date: _____

Please submit request to:

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VOLUNTEERS



Criminal Background Investigation: Notification and Disclosure form for CBI-Sensitive Positions

NOTIFICATION & DISCLOSURE

- ✍ You are applying for, or are currently in a volunteer assignment that requires a criminal background investigation (CBI). The City of Austin will complete a CBI using a crimes list to screen for your eligibility for this assignment.
- ✍ The City of Austin will review your complete criminal history using records available from the Texas Department of Public Safety.
- ✍ You must pass a criminal background investigation to be assigned a volunteer position.

Department			Work Location	
Position Title				
Job Status <i>(check one)</i>	<input type="checkbox"/> Volunteer <input type="checkbox"/> Community Service Restitution (CSR) Volunteer Hours needed _____ Court issued completion date _____			
Full Legal Name <i>(Please print)</i>	(First Name) (Middle Name) (Last Name)			
Date of Birth <i>(month, date, year)</i>		Social Security Number <i>(Optional)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity <i>(Optional)</i>	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian, Not Hispanic or Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander, not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Two or More Races, not Hispanic or Latino <input type="checkbox"/> American Indian/ Alaskan <input type="checkbox"/> Not disclosed			
Other Names Used <i>(First Name, Middle Name, Last Name)</i>	1. _____		3. _____	
	2. _____		4. _____	
Have you lived outside the state of <u>Texas</u> in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✍ If yes, you will need to be fingerprinted for a state and national criminal background check. You will receive fingerprinting information separately. ✍ If yes, and you were in the military, please contact the Human Resources Department at 974-3400 for further instructions.		
Have you lived outside the <u>U.S.</u> in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list other countries.		

ACKNOWLEDGEMENT: Read and sign in agreement:

The information I have provided above is true, accurate, and complete.

Signature _____ Date _____

Email Address _____ Phone # _____

COMPLETE SIDE TWO.

VOLUNTEERS

During the last 10 years, as a juvenile (under age 17) or as an adult: (Please exclude traffic offenses.)

<input type="checkbox"/> yes <input type="checkbox"/> no	Have you been convicted of, pled guilty to or served a period of deferred adjudication for any felony offense?
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you served a period of deferred adjudication for any misdemeanor offense?
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you been convicted of any misdemeanor?
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever pled guilty or no contest to any criminal offense?
<input type="checkbox"/> yes <input type="checkbox"/> no	Do you have any pending criminal charges against you?
<input type="checkbox"/> yes <input type="checkbox"/> no	Are you <u>currently</u> on deferred adjudication, deferred prosecution, or pre-trial diversion for any non-traffic offense?
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever been on probation?

If you answered yes to any of the above questions, please provide additional information about each crime:

Type of Crime	Circle one	Incident Date (month / year)	Location City/State	Name of Court
	Misdemeanor (M) Felony (F)			
	M F			
	M F			
	M F			
	M F			

Read and initial each statement below:

_____ The information I have provided in this form is true, accurate, and complete.

_____ I understand that giving false or incomplete information is grounds for refusing or terminating an assignment.

_____ I understand that the City of Austin will review my entire criminal history.

_____ I understand that a criminal background investigation will be conducted annually without further notice, for the duration of the volunteer position.

_____ I understand that these reports will be used for volunteer and work assignment purposes.

_____ I understand that this acknowledgment is in effect throughout my volunteer assignment at the City of Austin.

Signature

Date

For HRD Office Use Only:

Please Check and Initial each Applicable Space

CCH Report Printed: YES _____ NO _____ initial

Purpose of CCH: Volunteer

Hire _____ Not Hired _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files