



Community Service Court Mandated Application

Personal Information

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

Email Address:

Total Number of Hours You Need to Serve

Please specify how many hours you need to serve in order to complete your service requirement along with the completion date expected. We will be unable to switch your file to regular service and track your hours if you fail to do so. This will limit your ability to apply for scholarships, awards, and various other recognition opportunities within our program.

Availability

Please check times and days you are available to volunteer:

HOURS	Mon	Tues	Weds	Thurs	Fri
From					
To					

Do you have transportation to and from your volunteer assignment? Yes No

In which areas are you interested in volunteering: (Please specify)

Emergency Contact Information

In case of emergency, please notify:

Name	Relationship
------	--------------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Demographics Information

Date of Birth:	Age:	Gender:
----------------	------	---------

ACKNOWLEDGMENT:

By submitting this form, I acknowledge that:

- Volunteering is a privilege; while I am working as a volunteer, I represent the City of Dayton.
- I am expected to conduct myself in a courteous, with honesty, self-discipline and in a professional manner with co-workers and citizens at all time.
- 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 promise or expectation of compensation.
- I must notify the Department Head, or person overseeing the Volunteer Services Program when I am unable to work as scheduled. I will also notify the Department Head of the person overseeing the Volunteer Services program in the event I am not able to continue my volunteer services at the City of Dayton.
- While participating in any volunteer activities, I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons or the conditions under which my volunteer services are performed. I accept any and all risks of damage, injury illness, or death and release and discharge the City of Dayton, its officers, directors, and employees, from any claims for damages or injury and al liability arising out of my participation as a volunteer.
- Injuries/illnesses must be reported to a staff person immediately.
- If I become privy to private or confidential information regarding, but not limited to the City of Dayton employees and any related business matters, I hereby to hold all such information in the strictest confidence and shall not disclose or discuss such private or confidential information with any third party.
- Without notice or hearing, the City of Dayton may terminate my volunteer position at any time, for any reason, without cause as a result of my actions or inactions and will be redirected back to the Human Resource Office for discussion and possible reassignment.

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--City Hall-Human Resource Department.

Name

Date

Signature of Parent or Guardian if under 18

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 of 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, names above, wished 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 services in such activity shall not be construed or interpreted as such. I also acknowledge that this consent gives my child permission to be transported by the City staff on trips necessary to the volunteer work.

I acknowledge that, on my 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 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 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 presentations made by the City of Dayton, its officers, agents, employees or volunteers. I further certify that I understand that in making this waiver of 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 DOCUMENT. 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: _____



DAYTON TEXAS

**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**

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