



Volunteer Application

The information on this application will help us find the most satisfying and rewarding volunteer service for you. You may include any additional information by attaching it to the application. Your cooperation in completing it is most important. **PLEASE PRINT.**
INCOMPLETE applications will not be processed.

Person Information

Name:	Date:
Address:	City/State/Zip:
Home Phone:	Business Phone:
E-mail:	
Date of Birth (month/day/year):	

Volunteer Opportunities

How often would you like to volunteer?
Briefly, explain why you would like to volunteer with us:
Volunteer assignment preference:

Past Experience

Employment / Volunteer Experience / Student
Education / Training / Licenses:

References

List two references (other than family) whom the City can contact and their relationship to you (friend, employer, etc.)

Name:	Relationship:
Address:	City/State/Zip:
Day Phone:	Other Phone:

Name:	Relationship:
Address:	City/State/Zip:
Day Phone:	Other Phone:

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Emergency Contact Information

In case of emergency, Please notify:

Name:	Relationship:
Address:	City/State/Zip:
Home Phone:	Business Phone:

Background Information

No Yes **Have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony, or misdemeanor other than a minor traffic violation?** If yes, list the date, charge and disposition of the conviction. A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed. Attach a separate sheet if necessary. **Failure to provide a complete criminal history will be an automatic denial as a volunteer even if you were approved in previous application.**

Release Statement

I certify that all statements I have made on this application are true and correct. I hereby authorize the City of Mont Belvieu to investigate the accuracy of this information. I am aware that fingerprinting and/or a background check may be required before placement in some positions. I expressly request references who may have information concerning me, to furnish such information to the City of Mont Belvieu officials, and agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

Signature of Applicant:	Date:
Parent or guardian consent required if applicant is under 18 years of age	
Signature of Parent or Guardian:	Date:

Please return application by email to: mbas@montbelvieu.net
Or return the City of Mont Belvieu Animal Shelter
3831 Perry Ave. Mont Belvieu, TX. 77580
Phone: (281)576-2417

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City of Mont Belvieu Volunteer Release

I, _____ (print your name), for and in consideration of privileges extend to me by the City of Mont Belvieu, Chambers County, Texas, duly organized under laws of the State of Texas, hereby acknowledge by my signature on this document:

I understand that volunteer work involves risk and agree that my work as a volunteer is of a voluntary and an independent nature and not as an employee or agent of the City of Mont Belvieu, Texas.

Release and Indemnity – I hereby release, acquit and forever discharge the City of Mont Belvieu and its officers, agents and employees from any and all claims, demands, liabilities, damages, expenses and judgements of any nature and however caused of whatsoever character or nature arising from or by reason of any and all bodily or personal injuries and damage to property and the consequences thereof which may be sustained by me, which are in any way connected with my participation as a volunteer (including acts or omission) and/or using of the city property (including participation in any activities occurring thereon).

I certify that I have no medical or physical conditions which would interfere with my safety in this activity, or else I am willing to assume, and bear the costs of, all risks that may be created directly or indirectly by any such condition.

I agree that the laws of the State of Texas apply and venue shall be in Chambers County, Texas regarding any issues that may arise in any way connected with this agreement, acknowledgement of risk, release and indemnity.

I understand that public relations are an important part of volunteering with the City of Mont Belvieu. I agree, therefore, on behalf of my heirs, personal representatives, and executors to allow the City of Mont Belvieu to use any photograph or video images taken of me and/or which I produce. All photographs or video images will become the sole property of the City of Mont Belvieu. The City of Mont Belvieu may use them as it sees fit. The City of Mont Belvieu will use reasonable efforts to notify me but such notification is not a condition of use under the auspices of the City of Mont Belvieu.

I hereby verify that I have read and understand the contents of the above document and I agree to be bound by its terms and acknowledge same by my signature hereto:

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City of Mont Belvieu Volunteer Release Cont.

Signature of Volunteer

Date

Printed Name

Address

City/State/Zip

Day Phone Number

E-Mail address

IF APPLICABLE – PARENT’S OR GUARDIAN’S ADDITIONAL IDENTIFICATION

(Must be completed for volunteers under the age of 18)

In consideration of _____ (“Minor”) being permitted by the City of Mont Belvieu to volunteer and to use its property (i.e. city equipment and facilities) as described, I further agree to the foregoing indemnity and release and hold harmless the city from any and all claims that are brought by, or on behalf of, minor and which are in any way connected with such volunteer work or participation by minor.

Signature of Parent/Guardian

Date

Printed Name

Address

City/State/Zip

Day Phone Number

E-Mail address

Volunteer application continues 

Background Check Release

I hereby certify that I have carefully answered and filled in all information requested in the volunteer application and further state that I fully understand that each of the statements given are fully and completely given, with nothing withheld about me or my background which could concern you in giving me placement as a volunteer with the City of Mont Belvieu.

I further state that there is no falsification of any fact or figure contained in the volunteer application and it is my understanding that should any statement made by me be investigated that should be found false, I could be subject to immediate dismissal from Mont Belvieu Animal Shelter Volunteer Program.

By signing my name, I hereby consent to the investigation of all facts and circumstances given in the volunteer application and consent to the interviewing of any references given by me in such application and any background investigation.

Signature of Volunteer Applicant Date

Printed Full Name of Applicant (First Name, Middle Name and Last Name)

Texas Driver's License Number or Attach Photocopy of School ID

Street Address City/State/Zip

Date of Birth Social Security Number

Please Check: Male Female

Parent or guardian consent required if volunteer applicant is under 18 years of age

Signature of Parent or Guardian Date

Printed Name

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