

Volunteer Application

General Information	Date:	<i>Volunteer Position Desired, if known:</i>		
	Full Name:			Date of Birth:
	Home Address:			
	City:	State:	Zip:	
	Mailing Address (if different):			
	City:	State:	Zip:	
	Email:	Fax:		
	Primary Phone:	Secondary Phone:		
	Driver's License Number:	State:	Expiration Date:	
	Best time to contact you:	Hours available per week:		
Education:	<i>Circle last year of school completed. List Area of Study & College if applicable.</i> 7 8 9 10 11 12 Some college, Bachelors, Masters, Doctoral			
Skills/Training:	<i>Please also list languages other than English in which you are fluent.</i>			
Do you have any physical condition which would limit your performance of the job for which you are applying? <i>If yes, explain:</i>				
Emergency Contact:	Phone:			

References	Were you ever employed by the City of Longview? Yes No <i>If yes, when/where:</i>			
	Current or Most Recent Employer: Your Position:			
	Address:		Phone:	
	<i>Please list three references.</i>			
	Name:		Relationship to you:	
	Address:		Phone:	
Name:		Relationship to you:		
Address:		Phone:		
Name:		Relationship to you:		
Address:		Phone:		

Interests

Please state your reasons for wanting to volunteer (in general or for specific position)

Please select all categories of interest to you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts, Culture | <input type="checkbox"/> Disaster, Emergency | <input type="checkbox"/> Office, Clerical |
| <input type="checkbox"/> Cleaning, Construction, Painting | <input type="checkbox"/> Drug, Alcohol Abuse | <input type="checkbox"/> Parks, Recreation |
| <input type="checkbox"/> Computer, Technical, Media | <input type="checkbox"/> Disabled Persons, Elderly | <input type="checkbox"/> Poverty, Homelessness |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Education, Library | <input type="checkbox"/> Youth, Mentoring |
| <input type="checkbox"/> Crime, Legal, Prevention | <input type="checkbox"/> Health | <input type="checkbox"/> Other: _____ |

Statement of Agreement

Please read each statement, check the box, and indicate agreement by your signature below.

- I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Longview.
- I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the City of Longview will result in dismissal.
- I understand that my volunteer assignment with the City of Longview may be terminated at any time.
- I understand that depending upon the nature of the volunteer assignment, the City of Longview may deem it necessary to obtain a Driver's License Record and/or a Criminal Conviction History and Wanted Information Reports on individuals volunteering for the City of Longview. I hereby consent to the City of Longview to make any requests for a Driver License Record, a Criminal History Report, and/or a Wanted Information Report on me. I release, relinquish, and remise the City of Longview, its employees, agents, and representatives, from any and all causes of action or liability which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.
- I have NOT been convicted and/or placed on probation for any criminal offense.
If you HAVE been convicted and/or placed on probation, please list date and nature of offense. _____

Signature:

Date:

Full Name (Please Print):

Return application to:

City of Longview Volunteer Center
PO Box 1952
Longview, TX 75606

VolunteerCenter@ci.longview.tx.us
Phone: 903-237-1390
Fax: 903-291-5317

City of Longview / Longview Police Department

Authorization to Release Information

I hereby request and authorize you to furnish the City of Longview Police Department with any and all information they may request concerning my work record, education history, military history, financial status, criminal record, general reputation, and past or present medical conditions. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents if requested. The information will be used for the purpose of determining my eligibility for volunteer service with the City of Longview Police Department, Longview, Texas.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualification to serve as a volunteer of the City of Longview, Texas.

Applicants Signature: _____

Date: _____

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