

# Fort Worth Parks and Community Services Department Volunteer Application



## 1. PERSONAL INFORMATION *(Type or print clearly)*

Last Name	First Name	Middle Initial
Street Address	City	State ZIP
Email Address	Primary Phone	Best way to contact you?
Driver's License Number	State Issued	Date of Birth (MM/DD/YY) ADULT (18+) or YOUTH (12-17)
Current Employer (If any)	Emergency Contact Person	Emergency Contact Phone

## 2. ADDITIONAL INFORMATION

Do you have any conditions or limitations which will require special arrangements? If so, please specify:

Are you currently pending trial or judgment, been given **deferred adjudication**, or ever been **convicted** of a crime? (Includes misdemeanor, felony or military court martial) Check one:  YES  NO

If **YES**, list date, offense & outcome for each below. Conviction does not necessarily disqualify you from volunteering. Falsifying application will result in automatic disqualification. **Please list all cases that result in DEFERRED ADJUDICATION or CONVICTION.**

## 3. CATEGORY *(Check one and give additional information if applicable)*

<b>VALUE</b>	Regular volunteer who donates their time, skills and knowledge to the department.		
<b>CREDIT</b>	For credit or service hours for school clubs, Boy Scouts, church, housing, college internships, etc. <i>The PACS Department cannot guarantee placement or completion of hours by the deadline.</i>		
	Agency Name:	Hours Needed:	Deadline:
<b>COURT</b>	For court mandated community service hours, including adult and teen courts. <i>The PACS Department cannot guarantee placement or completion of hours by the court deadline.</i>		
	Agency Name:	Hours Needed:	Deadline:

## 4. AVAILABILITY *(Check all that apply)*

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**Return completed applications to a PACS Facility or PACS Volunteer Office**  
**Email** PACSVolunteer@fortworthtexas.gov **Fax** 817-392-5724 **Phone** 817-392-5778 **Web** www.fortworthtexas.gov/pacs



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### 5. PLACEMENT

The PACS Department has multiple locations in Fort Worth. List your top 3 choices:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you have any skills, interests, or experience that will help us place you? Please list:

Volunteer placements vary by location, time and other factors. Which areas interest you? Check all that apply:

Youth sports coach       Botanic Garden       Office/ data entry  
 Mentoring youth       FW Nature Center and Refuge       Program instructor  
 Special Events       Log Cabin Village       Golf Attendant

### 6. REQUIREMENTS

Fort Worth PACS volunteers must complete an application to be considered. Applicants under 18 years old (minors) must have a Parent/Guardian sign the application. Applicants age 18 years and older are subject to a criminal background check. Submitting an application does not guarantee placement.

### 7. APPLICANT CERTIFICATION

I give permission to the City of Fort Worth to inquire about my qualifications and/or character. I understand that the information requested is for the purpose of a background/reference check; and this check may be made by phone, writing, or via the internet and may include present and past employers, motor vehicle, and police records.

I also authorize employers and any person who may have information concerning me and my background to furnish such information to the extent allowed by law and for the intended purpose of my application to perform as a volunteer for the City of Fort Worth, and hereby consent to the release of such information.

I certify that all information contained on this application and given at time of interview is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, omissions or falsifications will result in my removal from volunteer consideration or dismissal if placed.

As a volunteer I agree to perform, to the best of my ability, the tasks as outlined in my job description or the tasks established by my supervisor; report to work on time, when scheduled, and if unable, to call my supervisor; to accept supervision, maintain confidentiality, observe stated goals, and objectives; and give my supervisor adequate notice before termination as a volunteer.

As a volunteer, I understand that the City does not provide volunteers with employee benefits, accident insurance, death benefits, and workers compensation benefits for medical treatment or salary replacement for lost time due to injury; nor does the City carry commercial general liability insurance covering volunteers.

As a volunteer, I understand that I will be provided adequate workspace when and where applicable; and ongoing supervision, evaluation, and training.

**Applicant Signature**

**Date**

**Parent/Guardian Signature** *(If applicant is under 18 years old)*

**Date**

*PACS Use Only*

Rev 04/2015

Unit Where Applied:	Unit Supervisor Initials:	Date:	Memo:
Received in Office:	Entered:	Office Initials:	
Background Check:	Approved	Disqualified	

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