

For Office Use: \_\_\_Supervisor \_\_\_Schedule \_\_\_Badge \_\_\_Timesheet \_\_\_Interview \_\_\_CBC \_\_\_Trained  
\_\_\_Scheduled \_\_\_Confirmation \_\_\_Copied \_\_\_HR \_\_\_Database \_\_\_Department

# ServiceWorks!

*Helping Dallas Work Inside and Out*

## Volunteer Application

Welcome to ServiceWorks! the City of Dallas Volunteer Program that is helping Dallas work inside and out. So that we can best utilize your experience and interests, please complete this application form as fully as possible.

Date: \_\_\_\_\_ Id#: \_\_\_\_\_

\_\_\_\_\_ FIRST TIME: I have never before registered with City of Dallas as a volunteer.

### I. Personal Information (Please PRINT Name and Address)

Name: Mr. Mrs. Ms. Miss (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Your Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License: Texas - \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Affiliation (school, organization): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How did you first learn about ServiceWorks?: Radio \_\_\_\_\_ TV \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet  
Referred\* \_\_\_\_\_ Other\* \*(see below) Referring Organization (please specify): \_\_\_\_\_

Referring Individual (please name): \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Note: A conviction will not necessarily disqualify you from volunteering.)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

### II. Medical Information

Are you on any medications? \_\_\_ Yes \_\_\_ No If yes, please list \_\_\_\_\_  
Please list any known food or medicine allergies? \_\_\_\_\_

For more information or assistance, please contact Celeste Sauls at the Volunteer Center of North Texas at [csauls@volunteernorthtexas.org](mailto:csauls@volunteernorthtexas.org), 214.826.6767 x237, Fax: 214.821.8716.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**III. Emergency Contact Person**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\* Person who is authorized to give temporary assistance or care in the absence of parent or guardian.

**IV. Preferred Medical Facility**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**V. INTERESTS**

Why do you want to volunteer with ServiceWorks!?:

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Please describe other volunteer experiences that you have had:

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Please list any special talents that you could offer (such as artistic, sign language, computer, photography, carpentry, First Aid, CPR Certification, foreign language, etc.):

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Please describe your general background (education, work experience, etc.):

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**IV. REFERENCES** Please list two non-family references (students must add as a third reference a teacher or counselor):

Name	Relationship	Daytime Phone	Evening
Phone			
_____	_____	_____	_____
_____	_____	_____	_____

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**VI. STATEMENT OF UNDERSTANDING, AUTHORIZATION, RELEASE AND INDEMNITY**

I, the undersigned ("Volunteer"), am over 18 years of age and fully competent to make this Statement of Understanding, Authorization, Release and Indemnity ("Statement"), which I have read and understand. I understand the information I have provided may be verified and permit ServiceWorks! to inquire of others concerning my suitability as a volunteer. In the course of volunteering, I may deal with confidential information and acknowledge that I am bound under the regulations of the Texas Open Records Act to maintain the confidentiality of any information that I may obtain and that I am subject to penalties under the provisions of this act. The relationship between ServiceWorks! the City of Dallas Volunteer Program and me is an "at will" arrangement and may be terminated at any time, without cause, by either ServiceWorks! or me. I understand that I cannot serve as a volunteer until this Statement has been signed. I understand

that as a participant in ServiceWorks!, my status with respect to the City of Dallas is that of a volunteer only, and that I am not entitled to any compensation for performance of duties as a volunteer and that I am not entitled to any city employee benefits, of any kind or character, and am not covered by any Worker's Compensation program.

In return for the opportunity to serve as a volunteer with ServiceWorks!, I hereby forever release, acquit and discharge ServiceWorks! and its officers, directors, trustees, agents, employees, representatives, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and Indemnified Parties and that arise in whole or in part as a result of my involvement with ServiceWorks!. I also understand and agree that ServiceWorks! the City of Dallas Volunteer Program assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Releases and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of my involvement with the City of Dallas Volunteer Program. If any provision of this Statement is determined to be unenforceable, all other provisions shall remain in full force and effect. The undersigned states that all the information contained in this application is true and correct and that there are no material omissions of fact concerning the information herein.

#### **VI. Statement Authorizing Medical Treatment**

In the case of medical emergency, the undersigned authorizes the ServiceWorks!, the City of Dallas Volunteer Program, to provide such medical assistance as they determine to be necessary.

If the volunteer named above is younger than 18 years of age, the undersigned authorizes the ServiceWorks!, acting through the adult on its staff who has actual care control of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to ServiceWorks! that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical, dental, and surgical treatment of the child. The undersigned will indemnify and hold the City of Dallas Volunteer Program, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical, dental, surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for participation at ServiceWorks! until the form has been completed. If the person is of legal age (18), he/she may complete the form. If the person is not of legal age (18), the form must be completed by the a parent or guardian. Volunteer activities will be supervised and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including ServiceWorks!.

AGREED:

Date:

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Signature of Volunteer

I represent to ServiceWorks! that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorization, Release and Indemnity and Consent for Emergency Medical Treatment. I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

AGREED:

Date:

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Parent of Guardian of Volunteer (Necessary if Volunteer is under 18 years of age)

Signed : \_\_\_\_\_ Date : \_\_\_\_\_  
Volunteer

## Consent for Criminal Background Check

Each volunteer who is to be screened must sign an authorization/waiver/indemnity form giving approval for the City of Dallas to perform the criminal background search.

### I. Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M) (F) Race: \_\_\_\_\_

### II. Maiden or Other Name(s) Used

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

I hereby give my permission for the City of Dallas Volunteer Program, ServiceWorks! to obtain information relating to my criminal history record through the Dallas Police Department. The criminal history record, as received from the reporting agency, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for volunteer positions within this program. I also understand that, as long as I remain a volunteer, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer

I represent to the City of Dallas Volunteer Program, ServiceWorks! that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Consent Criminal Background History Check. I am authorized to sign this Statement on the behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer's Parent or Guardian (Necessary if Volunteer is under 18 years of age)

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**We appreciate your interest in working as a volunteer. A representative of the volunteer program will contact you to discuss your application.**

# ServiceWorks!

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## **City of Dallas** Volunteer Code of Ethics

As a volunteer, I understand that I am subject to a code of ethics similar to Chapter 12A of the Dallas City Code which governs city officials and employees. I will continually strive to uphold the public trust and adhere to the following principles of conduct:

Commitment to the public good; respect for the value and dignity of all individuals; accountability to the public; truthfulness; fairness and responsible application of city resources; to conduct himself or herself and to operate with integrity and in a manner that merits the trust and support of the public; to uphold all applicable laws and regulations; to treat others with respect; to be a responsible steward of the taxpayer resources; to take no actions that could benefit me personally at the unwarranted expense of the city, avoiding the appearance of a conflict of interest and to exercise prudence and good judgment at all times; to carefully consider the public perception of personal and professional actions and the effect such actions could have, positively or negatively, on the city's reputation both in the community and elsewhere.

I will honor the goals, rules and regulations of the City of Dallas and I will keep confidential matters confidential.

I interpret volunteer to mean that I have been accepted as a "partner-in-service" and I expect to do my work in accordance with the same standards as permanent City of Dallas employees..

I pledge to maintain an attitude of open mindedness, to be receptive to training and to uphold a professional attitude. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public.

Being eager to contribute all that I can to the goals of the City of Dallas, I accept this code of ethics, to be followed carefully and willingly.

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Volunteer signature

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Date