VOLUNTEER APPLICATION



Please fill out this application completely and return to: cchavez@cityofbastrop.org and <u>smerritt@cityofbastrop.org</u>
Incomplete applications will not be considered.

Personal Inform									
Name (Last, First, N	/liddle)				Suffix (e.g., Jr.)	Other Names U	sed		
			T & 4 "	1 0"			I →		
Address			Apt. #	City		State	Zip		
Cell Phone #		Altor	nate Phone #			lo it akay to to	ext your cell phone?		
Cell Filone #		Alten	iale Filone #				No Priorie?		
Email Address									
Do you now or have you ever worked or volunteered with the City of Bastrop (including BPD)?									
1	If yes, when and in what capacity?								
Does anyone else			eer with the	City of Ba	astrop (includ	ina BPD)?			
If yes, when and				J.1, J. 2.		g =: = /:	☐ Yes ☐ No		
	llowing informati		to conduct	hackgrou	ınd checks ar	nd/or for statist	ical analysis		
Social Security Nun		Driver's License			nse Class*	Maiden Name (i	-		
Social Society Null		STIVE S EIGHISE	"	3 2106	1100 01000	Maidon Name (. mamou _j		
Date of Birth	Place of Birth (st	ate only) Heigh	nt	Weight		Hair Color	Eye Color		
Choose all that app	ly			•		•	•		
	_	ther:							
☐ Caucasian	African Ameri	ican ∐Hi	spanic	Asian	☐Other:	·			
Education Infor	mation - Check								
Currently Att	ending High Sch	nool 🗌 T	rade/Techn	ical Scho	ool; Field:				
☐ High School	Graduate/GED	L	Indergradua	ite Degre	ee; Major:				
☐ Currently Att	tending College		Graduate/Se	minary D	egree; Majoı	r:			
Employment In	formation								
☐ Employed Fi	ull-Time	Retired		-	r School Nan	ne):			
☐ Unemployed			Occupation	:					
Other:									
Medical Informa	ation								
	y medical condit					our duties or th	at the volunteer		
office should be	aware of?	∕es ∐ No	If yes, plea	ise expla	iin:				
Availability - Ple	ease enter the ti	mes you are	usually avai	lable for	a volunteer	assignment			
Sunday	Monday	Tuesday	Wednes	day	Thursday	Friday	Saturday		
	ntact – indicate t	the person to	1				Altamata Dhara #		
Name			Relationship		Cell Phone	; #	Alternate Phone #		

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Sk	ills, Training, Experience - Ple	ease check all that appl	y:							
Law Enforcement		Office/Clerical	☐ Office/Clerical		☐ Grant Writing					
∣⊢	Military	☐ Media/News	☐ Media/News		☐ Public Speaking					
∣⊣	Medical Field	<u> </u>	☐ Clergy/Ministry		☐ Fundraising					
∣∺					_					
\parallel	Social Work/Counseling	Photography		☐ Event Planning						
	Spanish Speaking		Other Language:							
$ \square$	* /									
	Other skills, training, and/or tal	ents:								
Pr	Preference for Volunteer Work - Please check areas in which you have interest in serving:									
	Internships & Field Practicum	☐ Traffic & Patro	ol	☐ Fundraising	§ & Events					
$ \Box$	Clerical & Administrative	☐ Victim Service	☐ Victim Services – field support		☐ Community (support councils, citizens					
$\vdash \Box$	Victim Services – office suppo		☐ Chaplaincy – field support		advisory council)					
\vdash	Chaplaincy – department &		☐ Emergency & Disaster		Special Projects (Blue Santa, Jr. Police					
╽┕	special events				Academy, etc.)					
	Other:				,					
Cr	iminal Record Check									
		or received deferred adju	udication for a fals	any or miadamas	nor2					
	ve you ever been convicted of one convicted of one convicted of one convicted to the convicted of one convicted of one convicted of convicted one convicted one convicted one convicted of convicted one convicted o			•	anor Lifes Lino					
	ou answered "Yes" above, brief	•	☐ Yes [_	A alaawaa isadiaatisa tha					
_			•		•					
	te, nature, and place of the offe	nse and disposition of the	e case. Your ans	swer will be evalu	lated in relation to					
VO	unteer activities.									
Re	ferences - Please list three po	-								
Re	ferences – Please list three po	eople other than relative	es who would be		re as personal references Phone #					
	Last Name	First Name	Relationship							
Re	<u> </u>	-	Relationship							
	Last Name Street Address	First Name City, State and Zip	Relationship Email							
	Last Name	First Name	Relationship	Address						
1	Last Name Street Address	First Name City, State and Zip	Relationship Email	Address	Phone #					
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