

VOLUNTEER APPLICATION



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

Personal Information					
Name (Last, First, Middle)			Suffix (e.g., Jr.)	Other Names Used	
Address		Apt. #	City	State	Zip
Cell Phone #		Alternate Phone #		Is it okay to text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address					
Do you now or have you ever worked or volunteered with the City of Bastrop (including BPD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what capacity?					
Does anyone else at this address work or volunteer with the City of Bastrop (including BPD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what capacity?					
The following information is required to conduct background checks and/or for statistical analysis					
Social Security Number		TX Driver's License #	Driver's License Class*	Maiden Name (if married)	
Date of Birth	Place of Birth (state only)	Height	Weight	Hair Color	Eye Color
Choose all that apply <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____					

Education Information - Check All that Apply	
<input type="checkbox"/> Currently Attending High School	<input type="checkbox"/> Trade/Technical School; Field: _____
<input type="checkbox"/> High School Graduate/GED	<input type="checkbox"/> Undergraduate Degree; Major: _____
<input type="checkbox"/> Currently Attending College	<input type="checkbox"/> Graduate/Seminary Degree; Major: _____

Employment Information		
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Retired	Employer's Name (or School Name): _____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student	Occupation: _____
<input type="checkbox"/> Other: _____		

Medical Information	
Do you have any medical conditions that would affect your ability to perform your duties or that the volunteer office should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

Availability - Please enter the times you are usually available for a volunteer assignment						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Emergency Contact – indicate the person to be notified in the event of an emergency.			
Name	Relationship	Cell Phone #	Alternate Phone #

Skills, Training, Experience - Please check all that apply:

<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Military	<input type="checkbox"/> Media/News	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Medical Field	<input type="checkbox"/> Clergy/Ministry	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Social Work/Counseling	<input type="checkbox"/> Photography	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Spanish Speaking	<input type="checkbox"/> Other Language: _____	
<input type="checkbox"/> Certification(s)/License(s): _____		
<input type="checkbox"/> Other skills, training, and/or talents: _____		

Preference for Volunteer Work - Please check areas in which you have interest in serving:

<input type="checkbox"/> Internships & Field Practicum	<input type="checkbox"/> Traffic & Patrol	<input type="checkbox"/> Fundraising & Events
<input type="checkbox"/> Clerical & Administrative	<input type="checkbox"/> Victim Services – field support	<input type="checkbox"/> Community (support councils, citizens advisory council)
<input type="checkbox"/> Victim Services – office support	<input type="checkbox"/> Chaplaincy – field support	<input type="checkbox"/> Special Projects (Blue Santa, Jr. Police Academy, etc.)
<input type="checkbox"/> Chaplaincy – department & special events	<input type="checkbox"/> Emergency & Disaster	
<input type="checkbox"/> Other: _____		

Criminal Record Check

Have you ever been convicted of or received deferred adjudication for a felony or misdemeanor? Yes No
 Are you currently charged with a felony or misdemeanor? Yes No

If you answered "Yes" above, briefly describe the circumstances of your conviction or current charge, indicating the date, nature, and place of the offense and disposition of the case. Your answer will be evaluated in relation to volunteer activities.

References – Please list three people other than relatives who would be willing to serve as personal references

1	Last Name	First Name	Relationship	Phone #
	Street Address		City, State and Zip	Email Address
2	Last Name	First Name	Relationship	Phone #
	Street Address		City, State and Zip	Email Address
3	Last Name	First Name	Relationship	Phone #
	Street Address		City, State and Zip	Email Address

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

- I certify that the statements made in this volunteer application are true and correct and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the City of Bastrop and Bastrop Police Department from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
- I understand that a criminal record check will be conducted.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: X **Date:** _____