



**PARKS & RECREATION
VOLUNTEER APPLICATION FORM**

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with Temple Parks & Recreation. Please type or print clearly. Age restrictions may apply to some volunteer placements.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home Work Cell

E-mail Address: _____ Date of Birth: ____/____/____ (mm/dd/yyyy)

Volunteer Information/Special Interests/Training

Have you been a volunteer with us before? Yes No If yes, where? _____

When? _____ Who was your supervisor? _____

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Please check the area(s) you would like to volunteer in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Coaching: Specify sport _____ | | |
| <input type="checkbox"/> Mayborn Convention Center | <input type="checkbox"/> Sammons Community Center | <input type="checkbox"/> Summit Recreation Center |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Sammons Golf Course | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Sports (Scorekeeping, etc.) | <input type="checkbox"/> Special Events | <input type="checkbox"/> Parks Maintenance (mow, etc.) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Visitor Center | <input type="checkbox"/> Wilson Recreation Center |

Check the age groups and programs that you are most interested in volunteering:

- | | | |
|--|---|--|
| <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Elementary age | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Families |
| <input type="checkbox"/> People with physical disabilities | | <input type="checkbox"/> Special needs populations |

Schedule Preference: (Check all that apply)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times Available: _____

I understand it is my responsibility to share client information only with staff involved, to keep all information confidential, and to report any information to my supervisor which may impact customers and/or co-workers.

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

Volunteer Applicant Name (Print) _____

Volunteer Applicant Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(If volunteer is less than 18 years of age)

Parent/Guardian's Phone _____ Email _____

It is the intent of the Temple Parks & Recreation Department to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

We look forward to working with you and appreciate the generous offer of your time and skill.

Questions about our volunteer program?
Contact Angela Cases, Volunteer Coordinator, Temple Parks & Recreation
254-298-5774 or acases@templetx.gov
2 N. Main St. Temple, TX 76501

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Automatic Disqualifiers

It is the policy of the City of Temple to automatically exclude all volunteer applicants whose records are shown to have the following:

1. All sex offenses – regardless of the amount of time since offense;
2. All felony violence – regardless of the amount of time since offense;
3. All felony offenses other than violence or sex within the past ten (10) years;
4. All misdemeanor violence offenses within the past seven (7) years;
5. All misdemeanor drug and alcohol offenses within the past five (5) years or multiple offenses in the past ten (10) years; and
6. Any charges pending or not disposed of that fall within the categories above.

The City of Temple reserves the right to disallow other types of offenses if such offense is shown to be a concern for the type of work performed.