



City of Temple Volunteer Agreement

lease read this agreement carefully so that you fully understand your role or your child's role and duties as a volunteer.

The City of Temple (the "City") very much appreciates your willingness and commitment to donating your time and talents to the City. Volunteers make a significant difference and we thank you for your participation in any and all volunteer activities. As a volunteer, you serve as an ambassador of the City and are expected to comply with applicable policies, procedures, and guidelines designed to maintain a positive image of the City and to facilitate safe and efficient use of volunteer services. Persons wishing to volunteer for the City must agree and comply with the following terms and conditions:

I agree to serve as a volunteer for the City of Temple. I will observe the ordinances, policies and procedures of the City while I am volunteering. I agree and understand that I am responsible for complying with supervisory directives from City staff or staff from other organizations who are jointly running any event/program which I agree to volunteer for. I understand that I may terminate my volunteer services for the City at any time and for any reason or no reason at all, with or without notice, and the City retains the same right.

Each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this language carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward may sustain as a result of participating in any and all activities connected with and associated with your (or your minor child/ward's) volunteer services (including transportation services, when provided).

This Waiver and Release is executed by me, on my behalf and on behalf of my minor child/ward, in favor of the City of Temple and its directors, officers, employees, and agents. I (or my minor child/ward) desire to volunteer for the City of Temple, and I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. **Waiver and release.** I, the Volunteer, release and forever discharge and hold harmless City of Temple and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, whether in law or in equity, which arise or may hereafter arise from my (or my minor child/ward's) participation in any volunteer activity. I understand and acknowledge that this Waiver discharges City of Temple from any liability or claim that I, the Volunteer (or my minor child/ward), may have against City of Temple with respect to bodily injury, personal injury, illness, death, or property damage that may result from my (or my minor child/ward's) participation in any volunteer activity. I also understand that City of Temple does not assume any responsibility for, or obligation to provide, financial assistance or compensation of any kind, in the event of injury, illness, death or property damage.
2. **Medical Treatment.** I hereby release and forever discharge City of Temple from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in any volunteer activity.
3. **Assumption of the Risk.** I understand that my participation in the Project may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these activities and release City of Temple from all liability for injury, illness, death, or property damage resulting from the activities or in relation to my (or my minor child/ward's) participation in any volunteer activity. I understand that the nature of any volunteer activity may cause me (or my minor child/ward) to be exposed to potentially dangerous activities. I freely and expressly assume all risk associated with my (or my minor child/ward's) participation in any volunteer activity.
4. **Photographic Release.** I grant and convey unto City of Temple all right, title, and interest in any and all photographic images and video or audio recordings made by City of Temple during my (or my minor child/ward's) participation in any volunteer activity. I give permission for any photographs taken during the volunteer activities to be used for promotional purposes by the City of Temple now and in the future.
5. **Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I have read and understand the above agreement and waiver and release of all claims and assumption of risk and agree to its terms. If submitting information on-line or via fax, my on-line e-mail or facsimile signature shall substitute for and have the same legal effect as an original form signature. _____ (initial here)

➔ **Have you or your child who is volunteering ever been convicted of a sex offense? YES NO**

PLEASE PRINT VOLUNTEER INFO. CLEARLY - (THIS DOCUMENT MUST BE COMPLETED ANNUALLY- expires Dec 31st of current year)

FIRST NAME	LAST NAME	AGE	
		<input type="radio"/> 12 – 14 years *needs a guardian <input type="radio"/> 15 – 17 years <input type="radio"/> 18+	
ADDRESS	CITY	State	ZIP
PHONE #	E-MAIL ADDRESS		
EMERGENCY CONTACT'S NAME	PHONE NUMBER		

***GUARDIAN DESIGNATION (Volunteers age 12-14 must be supervised by someone who is 16+ years of age)**

I will be my child's designated supervisor I designate and give permission for the individual identified below to serve as the supervisor to my child

PRINT NAME of individual designated as Supervisor _____ 16-17 years of age 18+ years of age

First Name _____ Last Name _____

Designated supervisor for volunteers age 12-14 must also complete their own Volunteer Agreement.

SIGNATURE REQUIRED	<i>If above listed volunteer is under 18 Parent or Guardian must sign</i>	DATE

CONSENT TO VOLUNTEER FOR A MINOR

I, the undersigned parent or legal guardian of _____, a minor, hereby consent to his or her volunteering for the City of Temple, Texas, in the position of _____.

Signed this the ___ day of _____, 20__.

Parent or Guardian Signature

State of Texas §

County of Bell §

This instrument was acknowledged before me on the _____ day of _____, 20__, by _____.

Notary Public, State of Texas

ARE YOU AFFILIATED WITH A SERVICE or ORGANIZATION?	OTHER:
<input type="checkbox"/> No <input type="checkbox"/> Rotary <input type="checkbox"/> Police Alumni <input type="checkbox"/> Ft. Hood <input type="checkbox"/> Temple College <input type="checkbox"/> UMHB <input type="checkbox"/> Temple High School	

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

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

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: _____

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	