



# *Volunteer Application*

**General Requirement:** Must be at least 16 years of age or older. Minors, under the age of 18 may volunteer with parental or legal guardian consent.

## I.) Demographic Data

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

E-mail address: [robert.schulz@uni-muenster.de](mailto:robert.schulz@uni-muenster.de)

What area(s) of the City do you wish to volunteer?

## Reason for volunteering with the City of Wichita Falls?

## Personal Interest      Work Experience      Skill Development      School Requirement

How did you hear of this volunteer opportunity?

Friend / Family Member       City of Wichita Falls Social Media  
 Newspaper                     City of Wichita Falls Website  
 Other

## II.) EDUCATIONAL BACKGROUND

List the Highest level of education that you have completed:

Elementary       GED/ HS Equivalency       Associates Degree       Masters Degree  
 High School Diploma       Some College       Bachelors Degree  
 Other

**III) Skills and Abilities:**

List any special skills and abilities which relate to the position you are volunteering in:

- Accounting / Business
- Animal Control
- Arts and Crafts
- Clerical / Receptionist
- Community Education
- Computers
- Customer Service
- Desktop Publishing
- Events
- Fund-Raising
- Graphic Design
- Library
- Photography
- Recreational Activities
- Translation/Languages
- Writing/Editing
- Other \_\_\_\_\_

**IV) AVAILABILITY**

Date available to start volunteering: \_\_\_\_\_

List days and hours available:

Days	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**V) Emergency Contact Information****Primary Contact:**

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

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

(Street) (City) (State) (Zip)

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Secondary Contact:**

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

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

(Street) (City) (State) (Zip)

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**VI.) Criminal / Reference Background Checks:**

In an effort to protect its citizens, employees and resources from harm or loss, the City of Wichita Falls conducts criminal and reference background checks on its volunteers. As a condition of volunteering with the City you are required to undergo a criminal and reference background check. Failure to provide accurate or complete information on your application may result in your placement being denied.

**Needed to verify identity**

Date of Birth: \_\_\_\_\_

**A conviction may not disqualify you, but a false statement or failure to disclose may.**

Have you ever been arrested for or convicted of a felony?

Yes       No

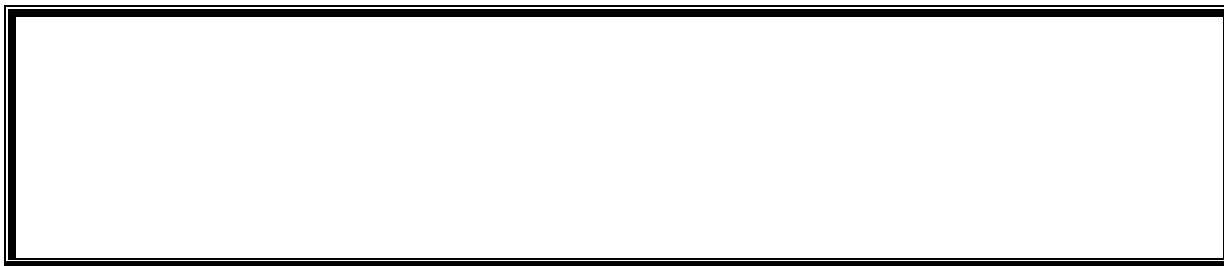
Have you ever been arrested for or convicted of any violation of the law?

Yes       No

Have you ever been subjected to a deferred adjudication on a felony or misdemeanor charge?

Yes       No

If you answered 'YES' to any of the above questions, please explain in concise detail in the box below, indicating the dates and nature of the offense, the name and location of the court and the final disposition of the case(s).



**VII.) Accommodations:** If special accommodations are required please contact the Human Resource Department at 940-761-7615 for assistance.

**VIII.) Verification of Information:** I hereby affirm that the information provided on this application and resume (if attached) is true and complete to the best of my knowledge. I understand that false information or significant omission(s) on this application may disqualify me from further consideration for any City of Wichita Falls volunteer opportunities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If under age 18:**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_