CITY OF DEL RIO

Volunteer Application

(Return to Human Resources Dept. at 109 W. Broadway)



Name:			Date:	
Local Address:		City:	Zip:	
Work Phone:	Home Phone:	Cell	Phone:	
E-Mail:	Current I	Employer:		
Texas DL Number:	Are you ove	er 18 years old?	yes	_no
City department or volunteer as	ssignment that most int	erest you:		
Related education or work expe	erience:			
Skills or certification:				
Languages you speak:		or write:		
LIST THREE PERSONAL O	R PROFESSIONAL R	EFERENCES (not	a relative):	
Name:				
Address:				
Phone #:		Relationship:_		
Name:				
Address:				
Phone #:		Relationship:_		
Name:				

Address:			
Phone #: Relations!	Relationship:		
Prior conviction:yesno *If you've ever been convicted of a felony or a misdemeanor plea convictions (including date and name of court where convicted). bar to placement, but an untrue answer will disqualify you.			
PREVIOUS RELATED VOLUNTEER EXPERIENCE Agency/Duties Hrs/Months/Dates 1			
3			
Briefly explain why you are interested in joining our team:			
How did you hear about us?			
Background Check Authorization			
As a condition of hire, I give permission for the City of Del Rio to convehicle record on me, which may include but not limited to a review of criminal history records. I give permission for the named references to writing. I also understand that information obtained will only be used volunteer position. All information on this application is true to the being accepted, my volunteer position is conditional upon the City receiving background.	sex offender registries, child abuse and be contacted either verbally or in in conjunction with a City of Del Rio est of my knowledge. I understand that,		
I hereby release and agree to hold harmless from liability the City of D thereof, or any other personal or organization that may provide such in regardless of previous appointments, the City of Del Rio is not obligate accepted, I understand that, prior to the expiration of my assignment; from this position for violation of the City of Del Rio policies and pro-	nformation. I also understand that, ted to appoint me to a position. If I am subject to termination and removal		
Signature: Date:			
	City Use Only:		
	Background check completed by: on		
	System(s) used for background check (min. of one must be checked) Sex Offender Registry Criminal History Records MVR		