***CITY OF LIVE OAK***

***ANIMAL CARE AND CONTROL***

8001 Shin Oak Drive

Live Oak, Texas 78233

210.653.9140 ext. 2228

**VOLUNTEER APPLICATION**

Name:

Address:

City/Zip: Subdivision:

Phone Number:

Driver’s License #:

Expiration Date:

Date of Birth:

Email:

**VOLUNTEER EXPERIENCE**

Please list any current or previous volunteer activities:

Why do you wish to volunteer with the City of Live Oak (e.g. gain school credit, give back to the community, other)?

Have you participated in any City programs?

**VOLUNTEER SKILLS & INTERESTS**

Please indicate your volunteer skills and interest as applicable with a check mark.

On call for Special Events (typical duties include meet/greet, registration, set up/tear down, runner/floater, serve refreshments)

Animal Care (exercising, grooming and bathing dogs/cats assist with animal shelter and other animal services)

Other (please specify your interest/skill below)

What days and times are you available to volunteer?

Any Day Any time

Monday Mornings

Tuesday Afternoons

Wednesday Evenings

Thursday

Friday

Saturday

Sunday

Supplemental Information

Current Profession (if retired, please list former profession):

Please list any special skills, training, interest or hobbies you have that may be useful:

Please list any languages (other than English), which you speak or write fluently:

**HEALTH**

Do you have any physical limitations/restrictions or other health-related issues that will need to be accommodated? Yes No

If yes, please explain:

**REFERENCES:**

Please list two individuals that we may contact as a character reference for you:

Name:

Phone:

Name:

Phone:

Have you ever been convicted of, plead guilty to, or received deferred adjudication for any criminal offense (misdemeanors and felonies) within the last seven (7) years?

Yes

No

If yes, please explain:

Note: *This may not automatically disqualify you from serving as a volunteer.*

As a candidate for a volunteer position with the City of Live Oak, I am willing to furnish and make available information for use in determining my qualifications and I am aware that any information I provide may be subject to an open records request. I certify that the information given by me in this application is true and complete.

I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for my immediate discharge without recourse from the City of Live Oak.

I understand that for security purposes a basic background check will be conducted to determine my eligibility and that further background information may be requested if a specific volunteer assignment calls for a more in-depth security check.

Further, I understand and agree that all information furnished in this application may be verified by the City Of Live oak.

I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Live oak all information relative to my employment, work habits and character and hereby release such individuals, organizations, and the City of Live Oak from any liability for any claim or damage which may result. I further understand that this information will be used solely for the purpose of determining my eligibility.

Applicant Date:

Applicant signature:

**DPS Computerized Criminal History (CCH) Verification**

**(AGENCY COPY)**

I , have been notified that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please Print)

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 identifies I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment 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)**

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES NO initial

Purpose of CCH:

Hire Not Hired initial

Date Printed: initial

Destroyed Date: initial

**Retain in your files**

Signature of Applicant or Employee

Date

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date