



“City of Choice”

VOLUNTEER APPLICATION

**PLEASE MAIL COMPLETED APPLICATION TO:
P.O. Box 826 Cibolo, Texas 78108
ATTN: VOLUNTEER PROGRAMS**

Name: _____ Nick Name: _____

Address: _____

City/Zip: _____ Subdivision: _____

Phone Number: _____

Driver’s License #: _____ Expiration Date: _____

Date of Birth: _____ Email: _____

**All applicants under the age of 14 must be accompanied by an adult*

VOLUNTEER EXPERIENCE

Please list any current or previous volunteer activities: _____

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

Have you participated in any City programs?

Citizens on Patrol _____ Citizens Police Academy _____ City Boards or Commissions _____

Other: _____

VOLUNTEER SKILLS & INTERESTS

Please indicate your volunteer skills and interests as applicable with a check mark. You may check as many categories as you would like to be considered for.

| Interest | Skill | Volunteer Assignment |
|-----------------|--------------|--|
| | | Routine Office Work (typing, filing, copying, data entry, etc) |
| | | General (answering phone calls and questions received by the City, directing visitors, reception desk) |
| | | On-Call for Special Events (typical duties include meet/greet, registration, set up/tear down, runner/floater, serve refreshments) |
| | | Serve on an ad hoc citizen's committee as needed |
| | | Public Speaking |
| | | Historical Research (researching the City's heritage) |
| | | Animal Care (exercising, grooming and bathing dogs/cats assist with animal shelter and other animal services) Must be 14 years or older and attend orientation session |
| | | City Outdoor Landscaping & Maintenance (assist with park clean-ups) |
| | | Neighborhood Clean-Up/Fix-Up (lawn maintenance, light repair, painting, tree trimming, etc) |
| | | Marketing/Graphics |
| | | Translation (Language, Sign Language, Technical) |
| | | Other (<i>Please Specify Your Interest/Skill</i>): |

What days and times are you available to volunteer?

| ANY DAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|----------------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
|----------------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|

Any Time _____ Mornings _____ Afternoons _____ Evenings _____

Specific Volunteer Opportunities Interested In: _____

Supplemental Information

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

Please list any special skills, training, interests 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 Cibolo, 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 Cibolo.

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 Cibolo.

I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Cibolo all information relative to my employment, work habits and character and hereby release such individuals, organizations, and the City of Cibolo 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: _____

Parent/Guardian: _____ Date: _____
(If Applicant is Under the Age of 18)