



City of Laredo Volunteers in Action Program Volunteer Application

Name(last, first) DOB Sex SS# or Student ID Phone

Address City State Zip Driver's License #

Employer Address Phone

Occupation How long employed? Supervisor

Education/ High School Year you will graduate from HS

College Degree Other

List two personal references **NO RELATIVES:**
(ie. Teacher, Coach, Counselor)

Name School Phone

Name School Phone

It is your responsibility to provide to this office proof of the hours worked.

To be filled out by the Volunteer Office

Referred To: Laredo Public Libraries

Start Date: _____

Comments: _____

Referred By: Analiza Perez-Gomez Date: _____

1. Why are you interested in volunteering? _____
2. List hobbies, interests and activities which you enjoy: _____

3. Have you ever been convicted of a misdemeanor or felony? Been in jail? Yes _____ No _____
 If so, please explain: _____
4. In case of an emergency, whom can we call? Name _____
 Phone: _____ Relationship: _____

Please read the following and place your initials in the space provided.

During the time that I am a volunteer for the City of Laredo;

- _____ I affirm that the statements given by me on the volunteer application are true and correct.
- _____ I agree that upon placement I will perform my volunteer responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or official representative of the City of Laredo.
- _____ I grant the City of Laredo permission to investigate all facts and statements contained in this Volunteer application. I hereby authorize any person(s) to furnish any and all information including character, habits, work record, skills, felony/misdemeanor records, or any other pertinent information in their possession. I release all such persons and concerns from any and all liability.
- _____ I further recognize that if accepted as a volunteer, all information I receive is confidential and is not to be discussed with anyone, including my friends and /or relatives.
- _____ I agree not to use tobacco products in any city building or on any city property
- _____ I agree not to consume, use, possess or be under the influence of any illicit drug or alcohol product.
- _____ I understand that any conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the City of Laredo will result in dismissal.
- _____ I understand that my volunteer assignment with the City of Laredo can be terminated at any time.
- _____ I agree to refrain from repeating, copying or revealing to any outside source any confidential information I learned while working as a volunteer. I realize that this is privileged information and is not to be shared with anyone other than a current employee of the City Legal Department and then only as necessary to carry out my tasks or service.
- _____ I understand that I am obligated to report to my assigned supervisor any information that may affect the records or operations of the City.
- _____ I also give the City of Laredo permission to reproduce and publicize pictures or news articles pertaining to my service in the City of Laredo VIA Program as long as it is not a confidential matter.
- _____ In consideration of the City of Laredo allowing me to participate as a volunteer to obtain community service credit, and being aware of possible injuries that could occur as a result of that participation, I release City of Laredo officials, employees and agents from any and all claims, injuries and damages incurred by me from my participation as a volunteer. I further agree to indemnify, save and hold harmless the City of Laredo, its officials, employees and agents from any and all claims or causes of action for injuries or damages caused by me, whether in whole or in part, as a result of my participation in the volunteer program.

Volunteer Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

(for people under 18 years of age)