



WANT TO BECOME A VOLUNTEER WITH THE CITY OF LAREDO?

Follow these steps

STEP 1:

Complete and sign the application and release form

STEP 2:

Obtain background checks from the City of Laredo Police Department and Webb County Sheriff's office. *(if over the age of 18)*

STEP 3:

Submit all documentation via email to crrodarte@ci.laredo.tx.us or in person in 1301 Farragut St. 2nd Floor (El Metro Transit Center)

STEP 4:

Wait for the Volunteer Center to contact you for more information.

For more information please contact Camila R. Rodarte, Program Coordinator at (956)795-5742



City of Laredo

Volunteer Program Application

Applications need to be renewed every year (Applications for 2022-2023)

Name (last, first) Date of Birth Sex Email: Phone:

Address City State Zip Code

High School / College Grade Level

List ONE reference:
(Teacher, Coach, Counselor) _____ Name _____ Phone

Emergency Contact _____ Name _____ Phone

Have you ever been convicted of a misdemeanor or felony? Yes No Been in Jail? Yes No
If so, please explain:

Preferred Volunteer Activities:
(Check all that apply)

Library	Office Settings
Recreation Center	Health Programs
Community Events	

Preferred Volunteer Location: _____

Reason for Volunteer Hours: _____

It is your responsibility to provide to this office proof of the hours worked on a monthly basis. Record of Volunteer Hours will only be kept for ONE year.



City of Laredo

Volunteer Program Application

Applications need to be renewed every year (Applications for 2022-2023)

Please read the following, place your initials in the spaces provided and sign.

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 also agree to provide my background check from the City of Laredo Police Department and the Webb County Sheriff's office to the Volunteer Center. I hereby indemnify, hold harmless the City of Laredo and its employees from any and all liability related to seeking such information.
- _____ 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 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 understand that I must report community service hours on a monthly basis to the Volunteer Center and that record of volunteer hours will only be kept for one year.
- _____ 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 Volunteer 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: _____
(Type name to accept Terms & Conditions)

Date: _____

Parent/Guardian: _____
(For people under 18 years of age)

Date: _____



**VOLUNTEER RELEASE FORM FOR ALL AGES. PARENTAL
CONSENT REQUIRED (15 years of age or older)**

I, _____, being the parent or legal guardian of _____
(the "Minor") hereby consent to and authorize the Minor to act as a volunteer for City of Laredo. I

**ACKNOWLEDGE VOLUNTEERS MUST BE 15 YEARS OF AGE OR OLDER TO PARTICIPATE IN THE
ACTIVITY."**

OR

I, _____, being a volunteer of 18 years of age or older hereby
consent to and authorize to act as a volunteer for/with the City of Laredo .

I acknowledge and agree that activities performed by all volunteers will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that all volunteers must comply with the rules and regulations established from time to time by City of Laredo and that failure to do so may result in immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by all volunteers and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed at the volunteer's risk and I assume full responsibility.

WAIVER AND RELEASE

In consideration of being permitted to participate in any way in the activity, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue the City of Laredo, its officers, agents and employees** from liability from any and all claims, cause of actions, demands, costs and damages arising out of any injury, death or property damage sustained in, on or about city property during any participation in the activity or while traveling to and from the place at which the activity will be conducted.

INDEMNIFICATION AND HOLD HARMLESS

I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF LAREDO, ITS OFFICERS, AGENTS, EMPLOYEES AND ANY OF ITS PARTNERS FROM ANY AND ALL CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, DAMAGES AND LIABILITIES, INCLUDING REASONABLE ATTORNEY'S FEES BROUGHT AS A RESULT OF MY INVOLVEMENT IN THE ACTIVITY AND TO REIMBURSE THEM FOR ANY SUCH EXPENSES INCURRED. I ALSO ATTEST I AM PHYSICALLY ABLE TO SAFELY PARTICIPATE AS A VOLUNTEER.

ACKNOWLEDGMENT OF UNDERSTANDING

I warrant that I have read this full release and fully understand it as a release for the above described matter. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intent my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further warrant that no representation of any kind or character has been made to us by any person as an inducement for the execution of this release, and that the undersigned is of legal age, and am legally competent to execute this release.

I agree to the aforementioned terms.

Signature of Student (Volunteer) Date

Printed Name of Student (Volunteer)

Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

Phone Number(s) for Emergencies

Email(s) for Emergencies

Please return to: City of Laredo/Volunteer Center (crrodarte@ci.laredo.tx.us), or turn the form in person to: City of Laredo Volunteer Center, 1301 Farragut St. Laredo Texas 78040, 2nd Floor