

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:

Submit all documentation via email to daramos@ci.laredo.tx.us or in person in 1301 Farragut St. 3nd Floor (El Metro Transit Center)

STEP 3:

The City of Laredo will conduct background checks for all individuals over the age of 18

STEP 4:

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



City of Laredo Volunteer Program Application

Applications need to be renewed every year (Applications for 2025-2026)

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	
Preferred Volunteer Activities: (Check all that apply)	Library Recreation Center Community Events		Office Settings Health Programs	
Event:				
Reason for Volunteer Hours:				
<u>Availability</u>				
Dates available:				

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 2024-2025)

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 perthose responsibilities, I am not acting as an employee or official representative of the City of Laredo.	rforming
	I grant the City of Laredo permission to investigate all facts and statements contained in this Volunteer applie also agree to a background check from the City of Laredo Police Department to the Volunteer Cente hereby indemnify, hold harmless the City of Laredo and its employees from any and all liability relate seeking such information.	er. I
	I further recognize that if accepted as a volunteer, all information I receive is confidential and is not to be disc with anyone, including my friends and /or relatives.	ussed
	I agree not to use tobacco products in any city building or on any cityproperty.	
	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, diminishor otherwise jeopardi trust in the City of Laredo will result in dismissal.	ze public
	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 as a volunteer. I realize that this is privileged information and is not to be shared with anyone other than a cur 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 record 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 me service in the City of Laredo Volunteer Program as long as it is not a confidential matter.	ıy
	In consideration of the City of Laredo allowing me to participate as a volunteer to obtain community service of being aware of possible injuries that could occur as a result of that participation, I release City of Laredo officemployees and agents from any and all claims, injuries and damages incurred by me from my participation as volunteer. I further agree to indemnify, save and hold harmless the City of Laredo, its officials, employees a from any and all claims or causes of action for injuries or damages caused by me, whether in whole or in part result of my participation in the volunteer program.	cials, a nd agents
Volun	Inteer Signature: Date:	
Parent	nt/Guardian: Date: Date:	
	(For people under 18 years of age)	



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

haina tha nanant an lagal accardian af

l,	, being the parent of legal guardian of
(the "Minor") hereby consent to	and authorize the Minor to act as a volunteer for City of Laredo. I
ACKNOWLEDGE VOLUNTEERS N	MUST BE 15 YEARS OF AGE OR OLDER TO PARTICIPATE IN THE ACTIVITY."
OR	
I <u>, </u>	, being a volunteer of 18 years of age or older hereby
consent to and authorize to act a	as a volunteer for/with the City of Laredo .
I acknowledge and agree that a	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.

Criminal Background Check

In effort to protect its citizens, employees, and resources from the harm or loss, the City of Laredo conducts a background check on its volunteers over the age of 18. As a condition of volunteering with the City you are required to undergo a criminal background check. Failure to provide accurate or complete information on your application may result in your application being denied.

Need to verify identify: Date of Birth (MM/DD/YYYY):		Place of birth (City, State):		
Drivers License ID #:				
A conviction may not disqua	lify you but a fa	alse statement or failure to disclose may.		
•		nolo contendere to, or been granted deferred crime, other than a minor traffic infraction?		
	Yes	No		
f you answered "Yes", please explain in con name and location of the court and the fina		w, indicating the dates and nature of the offense, the the case(s).		
Olunteer Signature				
ignature of Volunteer	Date			
rinted Name of Volunteer				
gnature of Parent/Legal Guardian	Date			
rinted Name of Parent/Legal Guardian				
hone Number(s) for Emergencies				
mail(s) for Emergencies				

Please return to: City of Laredo/Volunteer Center (<u>daramos@ci.laredo.tx.us</u>), or turn the form in person to: City of Laredo Volunteer Center, 1301 Farragut St. Laredo Texas 78040, 3rd Floor