



**HR/Admin Use Only:**

- BK Required
- BK Not Required
- Exemption Approved
- By: \_\_\_\_\_

**City of Hewitt Volunteer Application**

Please complete thoroughly. Type or print legibly in ink and return by mail, fax, or email to:

City of Hewitt Library  
 200 Patriot Court  
 Hewitt, TX 76643  
 volunteer@cityofhewitt.com

**Personal Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 16 years of age? YES NO

Have you previously volunteered with the City of Hewitt? YES NO  
  If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, please explain.  
 Provide dates and nature of disposition: \_\_\_\_\_

**Volunteer Information**

How did you learn about volunteer opportunities with the City of Hewitt? \_\_\_\_\_

Are you volunteering with a group or organization? YES NO  
  If yes, list group/organization name: \_\_\_\_\_

Are you interested in volunteering for a specific City of Hewitt department? YES NO  
  If yes, name of department: \_\_\_\_\_

Are you interested in volunteering for a specific City of Hewitt event? YES NO  
  If yes, name and date of event: \_\_\_\_\_

Please specify the date(s), days, and hours you are available to volunteer: \_\_\_\_\_

Do you have a certain number of hours that you need to complete? YES NO  
  If yes, how many hours? \_\_\_\_\_

Based on your understanding of the Volunteer Program and your areas of interest, will you require a reasonable accommodation to participate as a volunteer?

YES  NO

If yes, what reasonable accommodation would be needed to assist you? \_\_\_\_\_

**Emergency Contact Information**

*Please list contacts in case of an emergency.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Volunteer Acknowledgement**

The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the City of Hewitt. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Hewitt or immediate release from volunteer work.

I understand that a criminal history check may be administered as well as verification of any information provided as a part of the volunteer process.

In the event that I am placed as a volunteer with the City of Hewitt, I understand that I shall be required to sign and acknowledge the Volunteer Policies & Procedures and that I will be required to comply with all of the City's rules, policies, and regulations. I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the City of Hewitt has the right to terminate my services as a volunteer at any time, with or without notice.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If under 16): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_



## City of Hewitt Volunteer Waiver of Liability

### Warning and Acknowledgement of Risks and Damages

I understand that it is the policy of the City of Hewitt that all volunteers under the age of 16 must be accompanied by a parent, legal guardian, or approved sponsor during volunteer hours.

I understand that it is my responsibility (or that of my parent/guardian/or sponsor) to be familiar with, understand, and follow the standards of City of Hewitt volunteers. Furthermore, I understand if I do not follow those standards I may be asked to forfeit my volunteer opportunity with the City of Hewitt.

I understand that, as a volunteer at the City of Hewitt, I am ineligible to receive compensation of any kind in exchange for any task performed and that the relationship is strictly voluntary for all parties involved.

I understand that there are certain inherent risks involved in volunteering at City of Hewitt including, but not limited to, exposure to the general public; lifting/pushing/pulling/carrying heavy objects; exposure to airborne pathogens; etc.

### Liability Release

I understand that by signing this Waiver of Liability that I voluntarily agree to assume the full risk of any injuries, damages, or losses of properties. I, for myself, and on behalf of my heirs, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the City of Hewitt, the Hewitt Public Library, all members of said organizations, their respective employees, agents, and other individuals who are associated with the volunteer program, with respect to any and all injuries, damages, and losses that may arise from participation in this volunteer program. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

**Print volunteer name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of volunteer:** \_\_\_\_\_

**Print Parent/Guardian name (if under the age of 16):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_