City of Copperas Cove Volunteer Application

The following information is required to assist the City of Copperas Cove in making the best possible decision regarding the selection of volunteers to serve the community. The City appreciates your interest and time spent completing this form. Selection of volunteers is based on several factors and no guarantee is given an applicant will be selected.

When completing the application, please attach a copy of your photo ID that includes your DOB and address. Please submit the completed application to the Human Resources Department – 914 S Main St. Ste. E Copperas Cove, TX 76522 or email to hr@copperascovetx.gov. For further information, call 254-547-4221.

"✖" This symbol indicates that a digital or physical signature is required to process the application.

Full Name: _____
First Middle Last

Residential Address: _____
Street Address City State Zip Code

Email: _____

Primary Phone: _____ Work Phone: _____

Date of Birth: _____ Driver's License-State/Number: _____

Have you ever volunteered for the City of Copperas Cove? No: ☐ Yes: ☐

If yes, what department? _____

Volunteer dates: _____

Have you ever been employed by the City of Copperas Cove? No: ☐ Yes: ☐

If yes, what department? _____

Employment dates: _____

Reason for leaving? _____

Do you have any family members, friends, or acquaintances employed by the City of Copperas Cove?

No: ☐ Yes: ☐ If yes, please list name and relationship:

EDUCATION AND EXPERIENCE:

Education background:

Previous volunteer experience:

Particular interest in volunteer work:

☐ Parks & Recreation ☐ Golf Course

☐ Animal Control ☐ Library

☐ Other (please specify which department below)

Preferred days and/or times: _____

Available start date: _____ Maximum hours per week: _____

List any additional information which may be helpful for proper assignment (skills, languages, etc.):

REFERENCES: Please provide reference information for three individuals, excluding relatives or past employers.

Full Name: _____ Relationship: _____

Residential Address: _____ Primary Phone: _____

Full Name: _____ Relationship: _____

Residential Address: _____ Primary Phone: _____

Full Name: _____ Relationship: _____

Residential Address: _____ Primary Phone: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____ Relationship: _____

Residential Address: _____ Primary Phone: _____

Full Name: _____ Relationship: _____

Residential Address: _____ Primary Phone: _____

PARENT / GUARDIAN CONSENT: Please complete only if 17 years of age or younger.

_____ has my permission to volunteer for the City of Copperas Cove. I understand that as a volunteer _____ will not receive a financial reimbursement, however his/her services will be considered as regular work experience and that he/she will be expected to dress and conduct himself/herself professionally.

Full Name: _____ Relationship: _____

Residential Address: _____ Primary Phone: _____

Signature: _____ Date: _____

BACKGROUND HISTORY STATEMENT: Are you currently or have you ***ever*** been party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made), in which you were charged, convicted, fined, served probation, participated in deferred adjudication or other program to avoid conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? *(Conviction will not automatically disqualify applicant)* No: ☐ Yes: ☐ If yes, please explain:

NOTE: Please carefully read the following statements. After you have read the statements, please sign and date in the space provided below.

I understand that in the course of my work experience I may come into contact with confidential records and information. I agree to maintain the confidentiality of those materials and guard the private nature of that information, and to disclose such information only on a need to know basis.

As a volunteer, I agree to complete assignments to the best of my ability, observe all staff rules and policies, and maintain information confidentiality.

The City of Copperas Cove agrees to provide me with adequate work space and supplies, evaluate my performance on a regular basis, try to provide new assignments and challenges for me, and suggest an alternative placement or terminate my volunteer assignment if determined to be in the City's best interest.

I understand and certify the information contained in this application or other material provided to the City of Copperas Cove, and in any oral statement made by me are true and correct. I have not omitted any information and understand false or misleading information given in my application, resume or interviews will disqualify me from further consideration. I understand information disclosed in this process may be disclosed in public meetings and/or may be made available to the public.

I authorize investigation of all statements contained herein and authorize the references listed above to provide the City of Copperas Cove any and all information concerning information they may have on me, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Copperas Cove.

I further authorize the City of Copperas Cove to conduct a criminal history background investigation as part of this volunteer application process. I also agree to provide the City of Copperas Cove with any other authorization or release necessary to complete the required criminal history background investigation to determine my suitability as a volunteer.

I understand and agree that if permitted to volunteer my volunteer service is for no definite period and may be terminated by the City of Copperas Cove at any time for any reason and without any prior notice. The City of Copperas Cove prohibits its volunteers from possessing, using, purchasing or selling alcohol or controlled substances on its property, in City-owned or leased vehicles, on work sites, or at any other time while in the course of volunteering for the City of Copperas Cove. No volunteer may be at work while under the influence of alcohol or any controlled substance. I understand that violation of this policy, or any other policies mentioned above, as well as any specific department policy given to me orally or in writing, will result in the termination of my volunteer assignment.

✖_____ _____

Signature **Date**

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

(AGENCY COPY)

I,_____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

✖_____
Signature of Applicant or Employee

_____
Date

City of Copperas Cove
_____
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

Retain in your files