



VOLUNTEER TEAM MEMBER PACKET

**Turn in Forms to:
Activities Coordinator**

Activities Center
400 Indian Trail
Harker Heights

254-953-5493

Checklist

- Application Completed (including Driver's License Number)
- Read & Sign Volunteer Agreement
- Harker Heights Background Check Form Completed. (make sure to initial)
- DPS Form Completed
- Bring in Photo ID
 - **16 years and younger need parent/guardian to bring Photo ID**
 - Photo ID of parent/guardian and child volunteering: (we need one [1] of the acceptable forms)
 - Driver's License
 - Student ID



HARKER HEIGHTS PARKS & RECREATION

Volunteer Team Member Application

Date Submitted: _____

Name: _____

(First) (Middle Initial) (Last)

Date of Birth: _____ Maiden and/or Other Names Used: _____
(mm/dd/yyyy)

Driver's License #: _____ State: _____ Gender: M F Race: _____

Street Address: _____ City: _____ Zip: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Cell Phone #: (_____) _____ T-Shirt Size: S M L XL XXL other: _____

E-Mail Address: _____

In Case of Emergency Contact:

Name: _____ Phone #: (_____) _____ Relationship: _____

RELATED EXPERIENCE:

Please list in chronological order, beginning with the most recent, your educational, professional and relevant experiences to include: degrees, certificates, licenses, organizations and/or affiliations.

WEB MEMBERSHIPS:

Please list and all, current personal or business websites, web pages or memberships on any Internet-based chat room, social clubs or forums, to include, but not limited to: Facebook, MySpace, Blogs, Yahoo, YouTube, etc.

Website/Domain Screen Name

Have you ever been convicted, plead guilty or no contest, or received deferred adjudication before? Yes _____ No _____

If Yes, Please Explain _____

Do you currently have any criminal charges pending? Yes _____ No _____ If Yes, Please Explain _____

(You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in automatic disqualification. The seriousness of the crime, date of conviction, and the relevance of the crime to this position will be considered prior to participation in the Harker Heights Parks and Recreation Department (HHPRD) programs.)

AS A VOLUNTEER, I AGREE:

1. To accept the guidance and decisions of the staff.
2. To observe all staff rules and HHPRD policies and procedures.
3. To recognize the function of paid staff, maintain smooth working relationships and stay within the bounds of volunteer responsibilities.
4. To complete assignments to the best of my ability.
5. To wear appropriate uniform as guided by volunteer coordinator. This may include name badges, specific attire, costume, etc.
6. To report on time as scheduled and check in with volunteer coordinator upon arrival to work.
7. To sign in and out, ensuring that my volunteer time has been verified and accounted for.
8. To inform the volunteer coordinator as soon as possible if unable to keep agreed schedule.
9. To act courteously to patrons and employees, positively representing the City of Harker Heights.
10. To maintain the dignity and integrity of HHPRD with the public and patron confidentiality.
11. I understand that a volunteer is an at-will employee and may be terminated at any time if it is determined to be in the best interest of the City, or if there is a violation of the agreement.
12. I understand and agree that the City of Harker Heights, the Parks and Recreation Department, and their respective agents, employees, officers, directors, and instructors (“the City”) are not undertaking responsibility to oversee these activities, or to guarantee that such activities are free from risk of injury, loss or damage to either persons or property.

In consideration of the City’s furnishing services, equipment and/or facilities, I hereby expressly assume all risk of loss, injury or death for myself and my child(ren) and ward(s) who participates in or attends the Parks and Recreation Department programs. On behalf of myself, my child(ren), my ward(s), our heirs, assigns, and personal representatives, I agree to release, relieve, indemnify, and hold harmless the City against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney’s fees for the defense of such claims and demands arising as a direct or indirect result of the use of City facilities, or participation in or attendance at Parks and Recreation Department activities, by myself, my child(ren), or my ward(s). In case of any such claim, I agree to defend the action or proceeding by counsel acceptable to the City.

I am aware that this is a release of liability which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

Volunteer Printed Name: _____ Date: _____

Volunteer Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature (if under 17): _____

City of Harker Heights Background Check

Disqualifying Offenses

No person may serve with youth or children who has ever been convicted of any disqualifying offense, been on probation or received deferred adjudication for any disqualifying offense, or has presently pending any criminal charges alleging a disqualifying offense.

Disqualifying offenses are as follows:

- a. An offense classified as an offense against the person or family.

Examples:

Offenses against the person include, but are not limited to murder, assault, sexual assault, injury to a child, enticing a child, and harboring a child.

Offenses against the family include, but are not limited to bigamy, incest, interference with child custody, enticing a child, and harboring a runaway child.

- b. An offense classified as an offense against public order or indecency.

Examples:

Offenses against public order or indecency include, but are not limited to prostitution, obscenity, sexual performance by a child, possession or promotion of child pornography, and disorderly conduct.

- c. Robbery, arson, or an offense of any law regulating the possession, use, or carrying of weapons.

- d. A violation of any law intended to control the possession or distribution of any substance included as a controlled substance in Texas Controlled Substance Act.

- e. A violation of any law intended to limit the furnishing of alcohol or tobacco products to a minor.

- f. Any other felony offense which, in the judgment of the Parks & Recreation Director, indicates an unreasonable risk of harm to a minor.

Exceptions: misdemeanor drug or alcohol related convictions and convictions for assault and battery crimes against the person category may be excused if the convictions occurred more than five (5) years prior to the background check.

Acknowledgments

(Please initial)

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I am not one who has ever, or currently abuses minors including, but not limited to abusing them sexually.

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I do not have a paraphiliac diagnosis (e.g. pedophilia, exhibitionism, voyeurism).

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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 (optional)

Date

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

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