

CITY OF DENTON, TEXAS VOLUNTEER AGREEMENT AND RELEASE

I ("Volunteer") am over the age of eighteen (18) years, am of sound mind and hereby request that the City of Denton, Texas ("City") allow me to volunteer my time, talent and abilities to assist the City of Denton, Texas in carrying out its mission of service to the citizens of Denton. As consideration for the City allowing me to serve as a volunteer, I hereby agree as follows:
I acknowledge and agree that I am not an employee of the City. Under no circumstances will I represent that I am an employee of the City. Any and all of the activities that I perform will be as a volunteer only. I understand and agree that I will not receive any form of compensation or remuneration for these volunteer services. I also understand and agree that I am not entitled to any employee benefits from the City. I understand and agree that the City may at its discretion discontinue my volunteer services at any time and with no prior or written notice, and without cause or reason.
If any activity to which I am assigned presents risks that I do not want to take, then it is my responsibility to state that concern to the applicable City employee or the volunteer coordinator at the volunteer site and announce my decision not to engage in that activity. I agree to abide by all safety rules that are applicable at the site at which I am performing volunteer duties, to properly use any personal protective equipment that may be provided to me and will always perform volunteer activities in a safe and prudent manner.
I agree that I will abide by the policies and directives of the City, as well as all applicable statutes and ordinances. I authorize that the City may seek emergency medical treatment on my behalf in case of any accident, injury or illness that should occur involving me. I agree that I accept and assume the risk and responsibility for harm, injury or damage that may befall me while I am performing activities as a volunteer. I understand that the City of Denton will provide for my indemnification and defense for acts or omissions by me, assuming such acts or omissions are within the course and scope of work performed, pursuant to Article VIII., Sec. 2-243 of the Denton Code of Ordinances.
In consideration for my being allowed to provide volunteer services for the City, I do of my own free will knowingly execute this Volunteer Agreement and Release which I have read and fully understand. My signature as a Volunteer of the City is affixed below.
VOLUNTEER:
(Signature)
(Printed Name)
(Date)

(NEXT)



Address:		<u> </u>		
City:	State: Zip:	_		
Date of Birth:	Texas Driver's License Number:			
Home Telephone:	Cell Phone:			
Work Telephone:	E-Mail address:			
In case of emergency notify:				
Name:				
Address:				
Telephone:				
	ACCEPTED:			
	CITY OF DENTON, TEXAS			
	Signature	Date:		
	Department & Title	_		



DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER ASSIGNMENT (Background Check)

DISCLOSURE

In considering you for volunteer assignment, the City of Denton ("the City") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Quick Search. A "consumer report" and a "investigative consumer report" will each include communication by a consumer reporting agency of any information bearing on your credit, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a decision to allow you to serve as a volunteer. Such information may include, for example, credit information, criminal history reports, or driving records but an "investigative consumer report" will include similar information but is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. Unless specified in the conditions of your volunteer duties, or by law, a credit check is not required for your volunteer work.

In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

Signature

By my signature below, I acknowledge that I have read and understand the foregoing Disclosure and I authorize the City and its representatives to obtain any such reports, inquire with former supervisors and any listed references, and to share the information received with any person involved in the employment decision about me.

Select one:
I DO authorize you to contact my current employer for Reference Verifications
I DO NOT authorize you to contact my current employer for Reference Verifications
I have the right to make a request to Quick Search, 10100 North Central Expy. Ste., 400, Dallas, TX 75231, (214) 358-2880 Option 2, http://www.quicksius.com, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources o information, and the recipients of any reports on me which Quick Search has previously furnished within the two year period preceding my request.
I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of engagement as a volunteer for the City.
Printed Name Date



Per directive 409.07, the Department Head or Director and Risk Management must authorize any volunteer to drive City vehicles.

Department head or Director Approval		Date	
Risk Management Approval		Date	
Volunteer Di	river's Licenso	e Information	
Volunteer Portion:			
Name:			
Address:			
City:	State:	Zip Code:	
Social Security Number:			
Driver's License Information:			
D.L. Number:	State:	_	
Class: Date of Birth: _		<u> </u>	
All Applicants Please Compete:			
I certify the above information to be true deliberately provided will affect my pote	*	· · · · · · · · · · · · · · · · · · ·	
		(Applicant Signature)	