CITY OF SACHSE
VOLUNTEER INFORMATION AND AGREEMENT FORM

Name: _____ Date: _____

Address: _____
Street City/State Zip

Home Phone: _____ Work Phone: _____ Email: _____

Areas interested in volunteering? _____

In case of emergency, please notify: _____Date of Birth:_____
Name Phone No.

All Volunteers Must Complete This Section

I, _____, choose to participate in the City of Sachse Volunteer Program as a volunteer and understand that my services are donated to the City of Sachse (City) without compensation or promise of future employment, and are given for humanitarian or charitable reasons. I will immediately report any situation which raises a health or safety concern, or appears to involve unlawful or dangerous conditions. I will follow all State and Federal laws governing workplace harassment. I agree to abide by all rules and directions of the City of Sachse and the Volunteer Program.

I, _____, (volunteer) shall indemnify, defend, release and hold harmless the City of Sachse from and against any and all claims for bodily injury or death, damage to property, demands, damages, actions, causes of action, suits, losses, judgments, obligations and any liabilities, costs and expenses, which arise or are in any way connected with the work performed or services provided under this agreement. I understand the potentially hazardous nature of the work to be performed. I hereby accept full responsibility of those risks. Further, I agree to reimburse the City of Sachse for any losses arising out of any wrongful conduct while participating in the volunteer program.

Signature of Participant: _____ Date: _____

If participant is under age 18, parent/legal guardian must sign.

Signature of Parent/Legal Guardian: _____ Date: _____

Background Check Information
(Confidential Information to be used by Human Resources Office Only)

Driver's License Number: _____ State Issued: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female

Race: ☐ White/Caucasian ☐ American Indian ☐ Hispanic ☐ Asian/Pacific Islander ☐ African-American

It is the policy of the City of Sachse to obtain a criminal record history and driver's license check on each of its volunteers. In order to complete our files, we are requesting that you sign the release form below so that we may obtain a criminal history check.

I hereby authorize the City of Sachse to conduct a criminal background check to determine my acceptability as a City volunteer.

_____ _____
Signature of Volunteer Date