



City of Cibolo  
200 S. Main Street / PO Box 826  
Cibolo, Texas 78108 (210)658-9900

Volunteer Application (Non Board or Commission)  
Application Date: \_\_\_\_\_

Please check all areas you may like to volunteer your time with:

- |                      |                                  |
|----------------------|----------------------------------|
| _____ Animal Control | _____ Administration Office      |
| _____ Public Works   | _____ Police Department          |
| _____ Parks          | _____ Any other area of Interest |
| _____ Court          |                                  |

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Driver's License –State and Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Are you under the age of 18? Yes \_\_\_ No \_\_\_ **Parental Permission required for volunteers under 18 years of age.**

Date of birth: \_\_\_\_\_ **Date of birth needed for background screen to include a criminal history search.**

Resident of City? \_\_\_\_\_ Years / ETJ? \_\_\_\_\_

List all languages you speak other than English. \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

List names of any friends, family members or acquaintances employed by the City of Cibolo:  
\_\_\_\_\_  
\_\_\_\_\_

I have worked or volunteered for the City in the past: \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Knowledge or Experience You May Have In Your Area of Choice:

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Areas of interest:

- Filing
- Copier/Faxing
- Lawn Work
- Maintenance
- Historical Research
- Shredding
- Customer Service
- Gardening
- Computer Knowledge
- Animal Care

What days and time are you available to volunteer?

Any Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*Please check days available.*

Any time \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_

Do you prefer a regular commitment (i.e. 2 days/week for 4 hours) or a short term project (i.e. helping at specific function or event?) \_\_\_\_\_

Do you have any physical limitations/restrictions or other health-related issues that will need to be accommodated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Are you currently or have ever been convicted of, plead guilty to, or received deferred adjudication for any criminal offenses (misdemeanors or felonies) within the last seven (7) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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*(Conviction will not automatically disqualify applicant from volunteering.)*

***Emergency Notification Information:***

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Please read the following statements carefully. After you have read the statements, please sign and date your application below:

I, agree to complete assignments to the best of my ability, observe all staff policies and rules.

I understand that during my course of work, I may come into contact with confidential records and information. I agree to maintain the highest degree of confidentiality and guard the private nature of such information.

I understand my volunteer service is for no definite period and may be terminated at the discretion of the City of Cibolo for any reason and at any time.

I authorize the City of Cibolo to do a criminal background history check as part of the application process for security purposes. I also agree to provide the City of Cibolo any other authorization or release if needed, to complete the background investigation to determine my eligibility to volunteer.

I understand and agree that any false information, misrepresentation, or concealment of facts, are sufficient grounds for my immediate discharge without recourse from the City of Cibolo.

The following information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

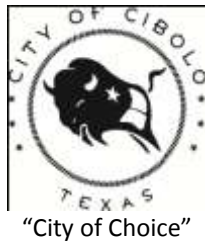
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Parent/Guardian



PLEASE COMPLETE IF APPLICANT IS LESS THAN 18 YEARS OF AGE.

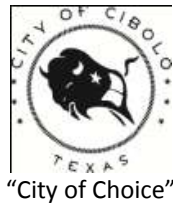
## Parent/Guardian Consent Form

*(Please print name)* \_\_\_\_\_ has my permission to work as a volunteer in the City of Cibolo. I understand that as a volunteer, my son/daughter will not get paid, but his/her services will be considered work experience. I understand as a volunteer, he/she is expected to conduct himself/herself in a professional, appropriate manner and follow the City of Cibolo policies.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian



Please answer the following questions:

Why are you interested in volunteering?

What contribution would you like most to make?

What attracted you to the City of Cibolo?

What, if anything would you change about the City of Cibolo?

What other civic involvement do you currently have or have you had in the City of Cibolo? Other cities?

What is your attitude towards volunteers?

What, if any time constraints do you have? (Job, travel, other commitments, etc.)

Do you have your family's support in this endeavor?

Any other information that you would like to give us?