

VOLUNTEER/INTERN APPLICATION

	(voluntee	r/intern position title)			
SECTION I		Date			
Name					
Address		City	State	Zip	
Home Phone:	Work Ph	none: E-n	nail:		
SECTION II					
Previous Voluntee	r Experience				
	occupation if retired):				
Other information	that will help us make a goo	d match (such as education,	general interests/hobl	oies)	
	ı:				
SECTION III					
Availability and Volu	unteer Assignment Prefere	nces			
Please Check All That	Are Applicable:				
I Am Available	 Mornings (Mon-Fri) Weekends One Time Only 	 Afternoons (Mon-F Once A Week As Needed 	-	Than Once A Week	
I Could Serve Mo	re Than One Department:	🗌 Yes 🗌 No			
SECTION IV					
	Valid (State) Driver's Licens		Number		
	License Number: Insurance Company: Policy #:				
	een Convicted For Violation			Yes No	
If Yes, Please Exp					
-	Physical Condition that Ma			No	
If Yes, Describe:					

Who To Notify In Case Of An Emergency?	
Telephone Number:	

SECTION V [References]

Please list three persons we may call who are <u>NOT</u> family, one of whom may be a leader, teacher, employer or relationship other than personal friend.

Name	Phone
Address	
Relationship	
Name	
Address	
Relationship	
Name	Phone
Address	
Relationship	
Comments:	

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature Of Applicant

Date

VOLUNTEER NON-DISCLOSURE AGREEMENT

I. The Parties. This Volunteer Non-Disclosure	Agreement, referred to as the
"Agreement", applies to	, referred to as the
"Volunteer", associated with and/or involved in	the activities or affairs of
, with a mai	iling address of
, City of	, State of
, referred to	as the "Volunteer Program", with both
the Melunteer and Melunteer Dreamens callection	ally referred to an the "Deution"

the Volunteer and Volunteer Program collectively referred to as the "Parties".

II. Confidential Information. All data, materials, knowledge, and proprietary information generated through, originating from or having to do with the Volunteer Program or persons associated with its activities, including contractors, is to be considered Confidential Information and is not to be disclosed to any outside party. This includes, but is not limited to, documents, information, designs, printed matter, policies, procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, and e-mail messages, whether internally between staff or outside the Volunteer Program is confidential and the sole property of Volunteer Program.

III. Clients. Client information, including all file information, is not be disclosed to any third party under any circumstances without the written consent of the Company.

IV. Damages. Any disclosure, misuse, copying or transmitting of any material, data, or information, whether intentional or unintentional, will subject Volunteer to disciplinary action, prosecution, and/or monetary damages according to the procedures set by Company and any applicable laws.

The signature of the Volunteer below acknowledges his/her agreement to the aforementioned terms.

Volunteer's Signature Date

Print Name _____



CCH & DRIVER LICENSE VERIFICATION AUTHORIZATION

I, ______, hereby authorize any accredited representative of The City of Manor bearing this release to obtain a criminal history report and driving record.

I acknowledge that the information obtained will be for the sole purpose of possible employment with the City of Manor and if deemed unnecessary will be destroyed upon completion.

(Date of Birth)		(Driver License Number)	
(Applicant Signature)		(Date)	
(Human Resources)		(Date)	
Subscribed and sworn to before me, by the sa	id		this
day of, Office.	. 20	. To certify which witness my hand	and seal of
	_ Notary	/ Public in and for	County, TX.
(SEAL)			