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Thursday, August 7, 8:00 a.m. to 2:00 p.m.
Fair Park's Automobile & Centennial Hall Buildings

VOLUNTEER APPLICATION

Must be 16 or older by Monday, June 30, 2008
 (Please print legibly)

Information supplied by volunteers is maintained by the City of Dallas volunteer program, ServiceWorks!, solely for the purpose of tracking volunteer contributions to the City of Dallas.

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Preferred Name _____ **Maiden Name (If applicable):** _____

Address: _____ **City:** _____ **Zip:** _____

Have you lived in Texas for the last 3 years? _____ **If no, where?** _____

Date of Birth: _____ **Place of Birth:** _____ **Gender:** _____

Drivers License # _____ **or Texas Identification #** _____

Telephone: Daytime (____) _____ **Evening** (____) _____

Cellular (____) _____ **Email Address** _____

Language(s) Spoken: _____

Previous Volunteer or Work Experience relevant to this event: _____

Are you a City of Dallas employee? _____

Are you affiliated with one of the event's sponsors? _____ **If so, which sponsor?** _____

***If you are working in the sponsor area for the entirety of the event, it is not necessary to fill out this application.** This application is only for those who will be deployed by the fair volunteer coordinator.

BACKGROUND CHECK

I understand that a criminal background check will be conducted in order for me to serve as a volunteer for the Annual Mayor's "Back-To-School" Fair.

Applicant's Signature _____ **Date** _____

Printed Name _____

I would like to share my contact information with other volunteer organizations for future events:
Yes _____ **No** _____

EVENT DAY*

Thursday, August 8, 2008 8:00 a.m. to 2:00 p.m.

Fair Park's Automobile (1010 First Avenue) & Centennial Hall Buildings (3929 Grand Avenue)

Please choose a shift.

Shift #1 6:00 a.m.—10:00 a.m.

Shift #2 9:45 a.m.—1:00 p.m.

Shift #3 12:45 p.m.—3:00 p.m.

Entire Day 6:45 a.m. -3:00 p.m.

Please choose one or more of the following volunteer opportunities.

Health Services Assistants

Survey Takers/Counters

Take Down (Shift #3)

Trouble Shooters

Line Aids (Shift #1 please arrive at 6:00 a.m.)

School Supply Distribution

Facility Monitors

Set-Up (Shift #1)

Operation Child Find Assistants

Pre and On-Site Registration

Information & Referral

Hydration Station Assistants

Fountain Drink/Refreshment Assistants

Volunteer Assistants

Education Service Assistants

Flexibility is a plus!

DEADLINE: FRIDAY, July 11, 2008

Please return completed volunteer applications via FAX to Volunteer Recruitment, 214-670-0646 or via U. S. Mail attn:

**City of Dallas-Mayor and Council Office
c/o Volunteer Recruitment/Training Committee
1500 Marilla, 5 F North, Dallas, TX 75201**

**You will receive written confirmation via e-mail/ U. S. Mail beginning
Monday, July 14, 2008**

Volunteer Orientation/Training

Mandatory, NO EXCEPTIONS

Thursday, July 31, 2008

**The Science Place at Fair Park, Gate # 5
1318 S 2nd Ave # 31**

For more information, please call 214-671-8521 or visit online at
http://dallascityhall.com/html/back_to_school_fair.html.

***Your participation and support of this event is greatly
appreciated by thousands of deserving students!***

*Volunteers will receive a T-shirt to be worn during their volunteer assignment.

Circle T-shirt size

XL

2X

3X

4X

Incomplete Applications will not be processed.

RELEASE AND WAIVER OF LIABILITY FOR VOLUNTARY SERVICES

WHEREAS, The City of Dallas, by and through the Mayor and Council offices is coordinating volunteer services for a special event entitled City of Dallas Annual Mayor's "Back-to-School" Fair,

WHEREAS, _____ (print name of participant, hereinafter "Participant"), desires to volunteer and participate in the work.

NOW, THEREFORE,

WITNESSETH:

I, _____ (print name of participant) for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, agree as follows:

1. I am 18 years of age or older, or if I am younger than 18 years of age, my parent or guardian consents to the terms of this release and waiver of liability and is also executing this agreement.
2. That by virtue of providing volunteer services in the Work, (a) I am **not** entitled to any City benefits, whether under the City's Retirement, Health Benefits, or Pension Plans or under Texas unemployment compensation or worker's compensation statutes, and (b) I, am **not** an employee of the City.
3. I hereby hold harmless and release the City, its officers, agents and employees, from any and all liability, claims, suits or damages, including death, which may be sustained by, or result from, my involvement in the Work. Additionally, **I EXPRESSLY AGREE TO BE SOLELY RESPONSIBLE FOR THE CONSEQUENCES OF MY PARTICIPATION IN THE WORK, AND EXPRESSLY AGREE NOT TO FILE A CLAIM OR LAWSUIT AGAINST THE CITY, ITS OFFICERS, EMPLOYEES AND AGENTS, AND FULLY RELEASE THE CITY, AND ITS OFFICERS, EMPLOYEES AND AGENTS, FROM ANY LIABILITY FOR INJURY TO MYSELF OR DAMAGE TO MY PROPERTY OCCURRING IN THE WORK, REGARDLESS OF WHETHER THE DAMAGE OR INJURY WAS CONTRIBUTED TO IN ANY WAY BY THE NEGLIGENCE OR FAULT OF THE CITY, ITS OFFICERS, AGENTS OR EMPLOYEES.**
4. I understand and agree that execution of this Release and Waiver of Liability for Voluntary Services does not constitute a release or waiver by the City of the defense of governmental immunity, or any other legal defense which may be applicable with respect to any claim which may arise against the City.

EXECUTED this _____ day of _____, 20____.

BY _____
Participant's signature

BY _____
Participant's Parent or Guardian
(Only necessary if Participant is 18 or younger)

Please Print

Please Print

Note: This is the consent form for emergency medical treatment, should the need arise. If you do not wish to consent, please fill out the non-consent form on the following page. It is only necessary to fill out one of these forms.

Consent for Emergency Medical Treatment

I. Volunteer Information

Date: _____

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Daytime telephone: (____) _____ Evening telephone: (____) _____

Are you on any medications? Yes No If yes, please list _____

II. Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Emergency Phone: _____

III. Temporary Assistance or Care Information

Name*: _____ Relationship: _____

Home Phone: _____ Emergency Phone: _____

* Person who is authorized to give temporary assistance or care in the absence of parent or guardian.

IV. Preferred Medical Facility

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

VI. Statement Authorizing Medical Treatment

In the case of medical emergency, the undersigned authorizes the City of Dallas Volunteer Program to provide such medical assistance as they determine to be necessary.

If the volunteer named above is younger than 18 years of age, the undersigned authorizes the City of Dallas Volunteer Program, acting through the adult on its staff who has actual care control of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to the City of Dallas Volunteer Program that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical, dental, and surgical treatment of the child. The undersigned will indemnify and hold the City of Dallas Volunteer Program, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical, dental, surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for participation by the City of Dallas Volunteer Program until the form has been completed. If the person is of legal age (18), he/she may complete the form. If the person is not of legal age (18), the form must be completed by a parent or guardian. Volunteer activities will be supervised and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including City of Dallas Volunteer Program.

Signed: _____ Date: _____
Volunteer

I represent to City of Dallas Volunteer Program that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Consent for Emergency Medical Treatment. I am authorized to sign this Statement on the behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Signed: _____ Date: _____
(Volunteer's Parent or Guardian if Volunteer is under 18 years of age)

Non-Consent for Emergency Medical Treatment

I. Volunteer Information

Date: _____

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: Daytime (____) _____ Evening (____) _____

Parent or Guardian _____

II. Statement Denying Medical Treatment

I do not give my consent for emergency medical treatment or aid in the event of illness or injury during the process of receiving services or any participation on my part at City of Dallas Volunteer Program. In the event emergency treatment is required, I authorize City of Dallas Volunteer Program or its representatives to take the following action on my behalf: _____

No person can be accepted for participation at City of Dallas Volunteer Program until the form has been completed. If the person is of legal age (18), he/she may complete the form. If the person is not of legal age (18), the form must be completed by a parent or guardian. Volunteer activities will be supervised and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including City of Dallas Volunteer Program.

Signed: _____ Date: _____

Volunteer

I represent to City of Dallas Volunteer Program that I am the parent or guardian of the Volunteer whose name appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Non-Consent for Emergency Medical Treatment. I am authorized to sign this Statement on the behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Signed: _____ Date: _____

Parent or(Guardian if Volunteer is under 18 years of age)