ROWLETT CITIZEN CORPS COUNCIL
PO Box 1662
Rowlett, TX 75030
www.rowlettcitizencorps.org

VOLUNTEER APPLICATION

All information in this document is confidential. Please print or type.

Name/FIRST _____ MIDDLE _____ LAST _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

☐ Male ☐ Female Date of Birth _____ (Month/Day/Year) Physical Limitations _____ (Be specific; if none, write none)

Driver's License or ID Information	Number	State	Exp. Date

Volunteer Experience

Interests, Skills, Hobbies _____

Clubs and organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes ☐ No ☐ Position _____

Describe the work you did. _____

Organization _____ City/State _____

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Employment

Name of employer _____ Phone _____

References **(Personal or professional; not a relative)**

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

In Case of Emergency, Please Notify

1) Name _____ Relationship _____ Phone _____

Driving Information

If you are volunteering for a position that requires driving, the RCCC requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? ☐ YES ☐ NO

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. Upon request, I agree to deliver copies of these documents to the RCCC. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Criminal History

Have you ever been convicted of a felony offence, or are any misdemeanor or felony charges pending against you? ☐ YES ☐ NO

If yes, you may be asked for more information. (Note: Answering 'yes' will not automatically prohibit individuals from becoming volunteers, but will be considered in relation to time, circumstances, seriousness, and the relationship to volunteer responsibility.

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CONSOLIDATED VOLUNTEER APPLICATION, AGREEMENT, AND RELEASE FROM LIABILITY

1. I agree to participate in the Rowlett Citizen Corps Council (RCCC) as a volunteer for an Affiliated Program.
2. As a volunteer, I understand that I control the dates and times when I do the work and that the RCCC is not responsible for scheduling my volunteer work. I also know that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits, upon the termination of this agreement or because of this service
3. I am aware that participation as a volunteer may require periods of physically strenuous activity and will require the exercise of reasonable care to avoid injury. I further acknowledge that there are natural and man-made hazards, environmental conditions, diseases, and other risks that, in combination with my actions, may cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in RCCC programs, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, performing light search and rescue activities, rehabilitation and relief services, communications, and other activities associated with Affiliated Programs and other initiatives. I am voluntarily participating in these activities with knowledge of the hazards and potential dangers involved and agree to accept all risks of personal injury and property damage.
4. As consideration for volunteering for the RCCC, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the RCCC or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of the RCCC as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE THE RCCC AND ITS OFFICERS, EMPLOYEES, AGENTS, AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE

IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY RCCC's WORKERS' COMPENSATION PROGRAM. I authorize the RCCC to seek emergency medical treatment on my behalf in case of injury, accident, or illness arising from my involvement as a volunteer. I understand that I will be responsible for the medical costs incurred due to such an accident, illness, or injury.
6. Occasionally, RCCC program activities may be photographed, videotaped, or audio taped for educational, publicity, or fundraising purposes. You give permission to appear in videos, photos, or audio recordings without compensation (e.g., as part of brochures, slide shows, or program websites).
7. I understand that the materials and tools provided by the RCCC are and remain the property of the RCCC, and I agree to return these tools and any remaining materials to the RCCC at the end of my volunteer service.
8. I hereby authorize any law enforcement or other relevant agency to furnish the RCCC or its agent information related to my criminal history and driving record.

Confidentiality Policy

The RCCC is considering the Applicant for possible membership in an Affiliated Program. From time to time, the Applicant may have the opportunity to learn unique, sensitive, and proprietary information about its ongoing operations during discussions with and evaluation of Applicant's skills, abilities, and suitability as a member, and if accepted for membership, during the tenure of their membership service.

A. **Confidential Information.** The term "Confidential Information" shall mean any data, information, or knowledge disclosed by the RCCC or learned as a result of membership by the Applicant that relates or refers, directly or indirectly, to their membership, the Interview, the RCCC, any of the RCCC's members, agents, clients or customers, information relating to administration, operations, responses, incidents, emergencies, disasters or crisis events or any portion or aspect thereof. Without limiting the foregoing, Confidential Information will specifically include all documents, discussions, information, or data generated by the RCCC or Applicant

that contains, concerns, results from, or arises out of any class, training, event, drill, or response action as a result of Applicant's participation or membership in the RCCC.

B. **Obligation to Maintain Confidentiality.** With respect to Confidential Information:

i. Applicant agrees to retain the Confidential Information in strict confidence, to protect the security, integrity, sensitivity, and confidentiality of such information, and to not permit unauthorized access to or unauthorized use, disclosure, publication, or dissemination of Confidential Information except in conformity with this Agreement.

ii. Confidential Information is and will remain the sole and exclusive property of the RCCC and will not be disclosed or revealed by Applicant under any circumstances, including on social media or the like.

iii. The obligation not to disclose Confidential Information shall survive the termination of the Applicant's membership, and at no time will Applicant be permitted to disclose Confidential Information.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND I SIGN IT OF MY OWN FREE WILL. My signature below certifies that all statements made on this application are accurate, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. I hereby release all parties from any liability for furnishing this information.

Date _____ Volunteer Signature _____

Printed Name: _____

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If the volunteer is under 18 years of age, the parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor. I give my consent for my child, named on page one of this application, to provide volunteer services to the RCCC. I also give RCCC my consent to obtain any emergency medical treatment necessary for the safety of my child.

Date _____ Parent or Guardian Signature _____

Printed Name: _____

Nondiscrimination Policy: The RCCC acknowledges that equal opportunity for all people is a fundamental human value. Each volunteer applicant will be considered based on individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

☐ Reference Checks

☐ Criminal Background Check

☐ Program Affiliation _____

☐ Orientation

☐ Uniform & Gear

☐ Technology Systems

☐ ID Badge