



## CITY OF MISSION VOLUNTEER APPLICATION

If you need an accommodation to complete this application please notify the Human Resources Department 956-580-8681.

### VOLUNTEER ELIGIBILITY REQUIREMENTS

- Must reside in the State of Texas within 90 days
- Must be 16 years of age or older (with parental/guardian consent if under 18 years of age)

In compliance with Federal and State equal employment opportunity laws, it is the policy of the City of Mission to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, gender, national origin, age, veteran status, disability or genetic information. The City of Mission is an Equal Opportunity Employer.

### VOLUNTEER APPLICANT INFORMATION

Date of Application:	Position Volunteering For:			
Name: _____ (Last) (First) (Middle)				
Maiden name or Other names by which you have been known				
Address: _____ (Number) (Street) (City) (State) (Zip Code)				
Telephone: _____ (Home) (Cell) (Other)				
Email Address: _____				
<b>Work Eligibility</b>				
Are you at least 16 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Dates available: Begin _____		End _____		
<input type="checkbox"/> Day(s) and Time(s) Available:				
Sunday Monday Tuesday Wednesday Thursday Friday Saturday				
AM	_____	_____	_____	_____
PM	_____	_____	_____	_____
<b>Educational Background</b>				
List the highest level of education that you have completed:				
<input type="checkbox"/> Elementary <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HS Equivalency <input type="checkbox"/> Some College				
<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD				

Have you ever been convicted of any misdemeanor or felony excluding minor traffic offenses?

Yes       No

If yes, please describe in full, the nature of the charge, the date of the offense, the date of the conviction, the location or jurisdiction, and the punishment assessed (probation/prison).

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**Note:** A Criminal Background Check will be conducted on all prospective employment applicants and other volunteer placements. A criminal record does not constitute an absolute bar to employment or volunteering. Factors such as age at the time of the offense, rehabilitation efforts, how recent and seriousness of the crime will be taken into account.

### EMPLOYMENT RECORD

List below each job held. Start with your most recent employment. Include military service, full or part-time, summer jobs, volunteer activities, etc. **Note:** Previous employers may be contacted to verify employment record.

1	Name of Employer	Phone Number
Address (No & Street, City, State, Zip)		
Dates of Employment (month/year)	Title of Position	Salary Starting \$ _____ per _____ Ending \$ _____ per _____
Reason for Leaving	Name of Immediate Supervisor	May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties, responsibilities, accomplishments:		
2	Name of Employer	Phone Number
Address (No & Street, City, State, Zip)		
Dates of Employment (month/year)	Title of Position	Salary Starting \$ _____ per _____ Ending \$ _____ per _____
Reason for Leaving	Name of Immediate Supervisor	May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties, responsibilities, accomplishments:		

### LICENSES AND CERTIFICATIONS

List all licenses and certifications you hold (Drivers, Electrician, etc.)

TYPE	ISSUING AGENCY	LICENSE NO.	EXPIRATION DATE

**Note:** Drivers license records and other licenses will be investigated where essential and job-related.

### REFERENCES

List name, address, and phone number of three (3) references, other than relatives or previous employers, who have personal knowledge of your character, experience and ability.

NAME	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
			( )
			( )
			( )

### CITY OF MISSION FAMILY MEMBERS

Are you related by blood or marriage to any member of the City Council or any person now employed by the City of Mission?  Yes  No If yes, please identify below:

NAME	RELATION	DEPARTMENT	JOB TITLE

### EMERGENCY CONTACT INFORMATION

List name, address, and phone number of person(s) to be notified in case of an emergency.

NAME	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
			( )
			( )
			( )

## VOLUNTEER INFORMATION

<p><b>Volunteer Interest:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Museum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Museum Hours: Monday – Friday 8am to 5pm</p> <p>Library? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Library Hours: Monday – Thursday 9am to 9pm Friday and Saturday 9am to 5pm Sunday 1pm to 5pm</p> <p>Other department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, which department? _____</p> <p><b>Have you previously submitted an employment or volunteer application with the City of Mission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please indicate date and last position applied for _____</p> <p><b>Why do you wish to volunteer with the City of Mission?</b> _____ _____ _____ _____</p> <p><b>Summarize Hobbies and Interests:</b> _____ _____ _____ _____</p> <p><b>Referral Source:</b>  <input type="checkbox"/> High School Program  <input type="checkbox"/> Temp Employment Agency  <input type="checkbox"/> State Program  <input type="checkbox"/> Friends  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Other: _____ </p>	<p><b>List any special skills, licenses, certifications, trade, awards, publications, or other related items:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accounting</li> <li><input type="checkbox"/> Books/Shelving</li> <li><input type="checkbox"/> Cataloging</li> <li><input type="checkbox"/> Children Department (Library)</li> <li><input type="checkbox"/> Circulation Desk</li> <li><input type="checkbox"/> Clerical</li> <li><input type="checkbox"/> Computers</li> <li><input type="checkbox"/> Customer Service</li> <li><input type="checkbox"/> Database Management</li> <li><input type="checkbox"/> Desktop Publishing</li> <li><input type="checkbox"/> Docent/Guide</li> <li><input type="checkbox"/> Exhibits</li> <li><input type="checkbox"/> Filing</li> <li><input type="checkbox"/> Fundraising</li> <li><input type="checkbox"/> Graphic Design</li> <li><input type="checkbox"/> Internet Research</li> <li><input type="checkbox"/> Law Enforcement</li> <li><input type="checkbox"/> Library Research</li> <li><input type="checkbox"/> Mailings</li> <li><input type="checkbox"/> Microsoft Excel</li> <li><input type="checkbox"/> Microsoft Office/Word</li> <li><input type="checkbox"/> Museum Research</li> <li><input type="checkbox"/> Office Equipment</li> <li><input type="checkbox"/> Photography</li> <li><input type="checkbox"/> Processing/Repairing Books</li> <li><input type="checkbox"/> Public Speaking</li> <li><input type="checkbox"/> Receptionist</li> <li><input type="checkbox"/> Library Reference Section</li> <li><input type="checkbox"/> Special Events Planning</li> <li><input type="checkbox"/> Statistical Research</li> <li><input type="checkbox"/> Translation/Languages</li> <li><input type="checkbox"/> Typing: WPM _____</li> <li><input type="checkbox"/> Writing/Editing</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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## VOLUNTEER APPLICANT'S STATEMENT OF CERTIFICATION

### CERTIFICATION

I hereby certify that the information given herein is true and complete. I understand and agree that any misrepresentation, falsification or omissions shall be sufficient grounds for rejection of my volunteer application and if selected to volunteer, sufficient grounds for immediate dismissal.

I hereby authorize the City of Mission to fully investigate my record and work qualifications before my volunteering with the City of Mission and to facilitate such investigation. I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record, criminal, credit or financial history, prior work related injury information, physical screening, drug screening and other related matters as may be necessary in arriving at a volunteer decision, to furnish and release such information to the City of Mission. I hereby release employers, schools, agencies, or persons and the City of Mission from all liability in responding to inquiries in connection with my volunteer application.

I understand that once volunteer selection is received, that I may be asked to submit to a pre-employment drug, physical and pre-placement screening, and any other applicable job related testing or screening that is required as a condition of volunteer status. I further understand that I must satisfactorily pass all testing required.

In consideration of my volunteering, I agree to conform to the City of Mission's regulations. I understand and agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time. I also understand and agree that the terms and conditions of my volunteering may be changed, with or without cause, and with or without notice, at any time by the City of Mission.

I hereby understand and acknowledge that, any volunteer relationship with the City of Mission is of an "at will" nature, which means any volunteer may be removed by the City Manager, by the head of a department or by other appointing officer at any time in accordance with applicable law. In submitting this volunteer application, I understand that it becomes the property of the City of Mission and will not be returned.

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Volunteer Applicant Signature

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Date

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Parent/Guardian must sign if under the age of 18

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Date

**Volunteer Applicant please note:** All qualified applications submitted to the Human Resources Department will be applicable for the specific department being applied for and will remain on an "active" status until that vacancy has been filled.



## DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime%20Records%20Information/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

Signature of Applicant or Employee (optional)

Date \_\_\_\_\_

City of Mission \_\_\_\_\_

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date \_\_\_\_\_

Please:  
Check and Initial each Applicable Space

CCH Report Printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_\_\_ Vol/Contractor \_\_\_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

Retain in your files

