

Patrick Heath Public Library
Volunteer Registration Form

451 N Main Street, Bldg 100

Boerne, TX 78006

Ph: 830/249-3053 Fax: 830/249-8410

Ages 17 and up

Please print clearly

Last Name: _____ First Name _____ (M/F) Date: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Telephone: _____ Alt Phone: _____
Library Card #: _____

Education (circle last year completed) High School: 1 2 3 4
College: 1 2 3 4 Where: _____ Graduate: 1 2 3 4 Where: _____
Previous Work Experience: _____

Are you presently employed? Y/N _____ How many hours per week? _____
Where do you work? _____
Special skills, training, interests, or hobbies: _____

Previous or present volunteer jobs: _____

What kind of volunteer work are you interested in? _____
What are your volunteer goals? _____

Applicants between the
ages of 15-17 should
complete a Volunteer
Application.

*Please note: the Library
does not participate in
court ordered
community service
programs.*

Skills & Interests					
Please CIRCLE your skills & interests.	Very Well	Well	So-So	Not at all	Comment
Computer skills: MS Word, Keyboarding WPM: _____; PhotoShop; Excel, Power Point; Publisher; Web Design; Other: _____					
Office skills: Filing; Phones; Records; Organizing; Minute Taking					
Speaking: Public; Storytelling; Promotional					
Writing: Grants, Reports, Articles					
Working with: Children; Teens; Elderly					
Historical and Genealogical research					
Artistic Ability: Crafts; Painting; Photography					
Other languages: Speak, read, write; What Language? _____					
Other (please list):					

<p>What time do you have available?</p> <p>Total hours per week: _____ Days NOT Available M T W Th F Sa</p> <p>Days available: M T W Th F Sa Preferred Days: M T W Th F Sa Preferred hours: _____</p> <p>_____</p> <p>Additional information regarding your availability: _____</p>

PLEASE NOTE: Most jobs require lifting, bending, pushing, stooping, or periods of standing. If you are unable to perform these functions, please let us know. For most tasks, computer literacy is required. Thank you for your interest!

Emergency Information

Please list three people (relatives, friends, neighbors) who can be contacted in case of emergency.

Name	Relationship	Telephone	Alternate Phone

Doctor/Practice: _____

Telephone: _____

Preferred hospital: _____

Insurance carrier: _____

Special health problems or information we should know: _____

Please notify us of any changes to this information.

Volunteer Registration and Background Check Authorization Form

To Be Completed By Volunteer

Please print all requested information in order to register as a volunteer and to have the City of Boerne perform a background check.

Name: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ Date of Birth*: _____

Driver's License #: _____

Former Name (if applicable): _____

I hereby authorize the City of Boerne to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release the City of Boerne and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the City of Boerne.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a City of Boerne volunteer.

Signature: _____ Date: _____

With limited exceptions, you are entitled (at your request) to be informed about the information the City of Boerne collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review certain information. The information that the City of Boerne collects will be retained and maintained as required by Texas records retention laws and rules. Different types of information are kept for different periods of time.

** DOB is being requested in order to obtain accurate retrieval of records.*

CITY OF BOERNE RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT

In exchange for being allowed to participate in City sponsored activities, I am freely signing this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT.

I understand that participating in City sponsored activities may be hazardous to my personal health and safety (and that of my minor children), and that for the privilege of being allowed to participate in such activities, I am accepting all risks associated with being on the property and/or participating in City sponsored activities on behalf of myself (and my minor children).

I understand that risks associated with such entry and/or participation include, but are not limited to, bodily injury, property loss or damage and death.

I understand and accept that my voluntary participation in City sponsored activities exposes me to a heightened risk of injury, property loss, damage or death and that those risks are possibly beyond the ordinary risks associated with such potentially hazardous terrain and/or activities.

Knowing this, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the City of Boerne, its officers, employees, agents, volunteers and assigns from and against any and all liability, claims, demands and judgments which I may have, or which my heirs, executors, administrators, or assigns may have or claim to have against the City of Boerne, its officers, employees, agents, volunteers, or assigns, for any and all claims, demands, actions, and causes of action of whatever nature or character, known or unknown, which may be asserted by any person, firm, or corporation, whosoever claiming by, through or under me for personal injuries, death, and/or property damage caused by or arising out of, my entry on to the property and/or participation in City sponsored activities.

I agree that if I (or my minor children) require rescue and/or emergency medical assistance and/or transport, I WILL PAY THE COSTS OF SUCH RESCUE AND/OR ASSISTANCE AND/OR TRANSPORT and I, or my heirs, will reimburse the City of Boerne and/or others for the costs incurred in performing any rescue and/or assistance and/or transport on my behalf within thirty (30) days of receipt of written demand.

I am 18 years of age or over, or I am accompanied by a parent or guardian who is authorized to sign this release on my behalf. I have carefully read this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT or had it read to me in a language that I fully understand and I understand all of its terms. I am signing voluntarily and with full knowledge of its legal consequences and of the personal risks to me and/or my minor children. I have not relied on any information from the City of Boerne, its officers, employees, agents, volunteers or assigns in deciding to make this release and agreement.

Participant (Printed): _____

Participant (Signed): _____ Date _____

Address: _____ Tel: _____

Participant and or Guardian E-mail: _____

Parent or Guardian (Printed): _____

Parent or Guardian (Signed): _____ Date _____

Address: _____ Tel: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

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	