

# Volunteer Application

## Volunteer Information

Name:

Cell Phone:

Email Address:

Address:

City:

State:

Zip:

## Emergency Contact

Name:	Phone Number:	Relationship:
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## Background Check

Driver's License Number

Social Security Number

Date of Birth

**Have you ever been convicted of a crime?** (This does not include minor traffic offenses and/or convictions which have been sealed, expunged or statutorily eradicated.)      Yes      No

If yes, please explain:

*I understand that some events may require the City of Bullard to run a criminal background check to verify the response given in the application process for the sole purpose of protecting staff, volunteers and others. By signing and dating below, you acknowledge your awareness of this background check and agree.*

Signature

Date

## Photo Release

*I hereby authorize the City of Bullard and its official representatives to use without obligation of any kind, any and all photos and/or videos taken of me or my child for any and all City publicity, and educational and/or advertising purposes that they may designate.*

Signature

Date

Parent/Guardian

Date

*I certify that all information submitted by me on this application is true and complete. I understand that volunteers under 18 must have a parent/guardian signature on the application.*

Volunteer Signature  
(If under 18 parent/guardian signature)

Date

City of Bullard