



City of Killeen Recreation Services

VOLUNTEER TEAM MEMBER PACKET

Turn in Forms to:

Recreation Services Locations

Killeen Community Center - 2201 E Veterans Memorial BLVD Killeen, TX 76543

Family Recreation Center - 1700 E Stan Schlueter Loop Killeen, TX 76542

Animal Services - 3118 Commerce Dr Killeen, TX 76543

(254) 501-6390/8889

CHECKLIST

- Application Completed (Including Driver's License Number)
- Read & Sign Volunteer Agreement
- City of Killeen Background Check Form Completed. (Please Initial)
- DPS Form Completed
- Bring in Photo ID
 - **17 years and younger need parent/guardian to bring Photo ID**
Photo ID of parent/guardian and child volunteering: (We need one (1) of the acceptable forms):
 - Driver's License
 - Student ID
 - Minimum age to volunteer is 16 years old.



City of Killeen Volunteer Team Member Application

Date Submitted: _____

Name: _____
(First) (Last)

Date of Birth: _____ Maiden and/or Other Names Used: _____
(mm/dd/yyyy)

Driver's License# _____ State: _____ Gender: M F Race: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ T-Shirt Size: S M L XL XXL Other: _____

Email Address: _____

In Case of Emergency Contact:

Name: _____ Phone #: _____ Relationship: _____

Have you ever been convicted, plead guilty or no contest, or received deferred adjudication before?

Yes _____ No _____

If Yes, please Explain: _____

Do you currently have any criminal charges pending? Yes _____ No _____

If Yes, please Explain: _____

(You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in automatic disqualification. The seriousness of the crime, date of conviction, and the relevance of the crime to the volunteer position will be considered prior to participation in the City of Killeen Volunteer Program.)

AS A VOLUNTEER, I AGREE:

- ___1. To accept the guidance and decisions of the staff.
- ___2. To observe all staff rules and City of Killeen policies and procedures.
- ___3. To recognize the function of paid staff, maintain smooth working relationships and stay within the bounds of volunteer responsibilities.
- ___4. To complete assignments to the best of my ability.
- ___5. To wear appropriate uniform as guided by volunteer coordinator or staff. This may include name badges, specific attire, costume, etc.
- ___6. To report on time as scheduled and check in with volunteer coordinator upon arrival to work.
- ___7. To sign in and out, ensuring that my volunteer time has been verified and accounted for.
- ___8. To inform the volunteer coordinator as soon as possible if unable to keep agreed schedule.
- ___9. To act courteously to patrons and employees, positively representing the City of Killeen.
- ___10. To maintain the dignity and integrity of the City of Killeen with the public and patron confidentiality.
- ___11. I understand that a volunteer is at-will and may be terminated at any time if it is determined to be in the best interest of the City, or if there is a violation of the agreement.
- ___12. I understand and agree that the City of Killeen, Recreation Services Department, and their respective agents, employees, officers, directors, and instructors (“the City”) are not undertaking responsibility to oversee these activities, or to guarantee that such activities are free from risk or injury, loss or damage to either persons or property.

Please describe any previous animal, sports, and/or special event related experience you have. If you have volunteered at other animal shelters or parks departments, please list:

Do you have any affiliations with any other animal shelters or animal groups? If yes, who:

Do you have any special skills that could contribute to your volunteer activities?

Please list anything that would limit your interactions with or near any specific type of animals (ex: allergies, physical limitations)

DAYS AVAILABLE TO VOLUNTEER:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____
Offsite/Special Events _____

TYPES OF VOLUNTEER POSITIONS AVAILABLE:

_____ **Animal Care Aide:** Walking, exercising, socializing and introducing animals to potential adopters. Cleaning kennels and cages, bathing animals and laundry (washing, drying, folding the linens and toys).

_____ **Offsite/Special Events:** Helping the Animal Shelter Center Staff at any adoption event held offsite, such as:

Volunteers would be holding animals, talking to customers, walking dogs cleaning cages.

_____ **Foster Parent:** (Dogs/cats too young to be adopted, dogs/cats needing to be bottle fed, pregnant dog/cats, dogs/cats with treatable medical issues).

_____ **Coaching/Special Events:** Coaching kids for any sports through Recreational Services, and assisting city staff at any offsite event such as:

Special Events: Barktoberfest, Fall Festival, 5ks, Letters to Santa, Holiday Under the Stars, Christmas Parade, Daddy Daughter Dance, Easter Egg Hunt, Celebrate Killeen, Movies in Your Park and Back 2 School Splash Bash.

Events able to volunteer _____

Sports able to Coach _____

Volunteer Printed Name _____

Volunteer Signature _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature (If Under 18) _____

**City of Killeen Recreation Services
Release of Claims and Waiver of Liability
Volunteer Application**

I, _____, understand that in participating as a volunteer, I may be required to testify in court proceedings regarding those things I have observed at the City of Killeen Recreation Services (COKRS). I also understand that I will be required to abide by the COKRS Policy governing the program(s) and information that I acquire during my time volunteering may be of a sensitive nature and shall not be divulged to individuals outside the COKRS. I further understand that I may be handling or come into contact with animals that have been abused or mistreated and there is a possibility that I could be bitten or injured. Furthermore, I understand that I could injure myself while serving in my role of volunteerism. I agree to accept this risk and agree to hold the City of Killeen, the City of Killeen Recreation Services, its employees, officials, agents, and representatives harmless from legal liability arising from any injury sustained during the time I am volunteering for the COKRS. I further understand and agree that if I am found to be in violation of any of the policy restrictions of the COKRS, I will be removed from the Volunteer Program.

Volunteer Printed Name _____

Volunteer Signature _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature (If Under 18) _____

City of Killeen Background Check

All volunteers with the City of Killeen agree to a background check prior to beginning volunteer duties

Acknowledgments:
(Please initial)

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I am not one who has ever, or currently abuses minors including, but not limited to abusing them sexually.

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I do not have a paraphilic diagnosis (e.g. pedophilia, exhibitionism, voyeurism).

Signature

Date

Date of Birth

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

I, _____, (Applicant Name, Please Print), acknowledge that a Computerized Criminal 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

Once this process is completed the information on my 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

Date

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

<p>Please: Check and Initial each Applicable Space</p> <p>CCH Report Printed: Yes ____ No ____ ____ Initial</p> <p>Purpose of CCH: _____</p> <p>Empl__ Vol/Contractor__ ____ Initial</p> <p>Date Printed: _____ ____ Initial</p> <p>Destroyed Date: _____ ____ Initial</p> <p style="text-align: center;">Retain in your files</p>
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