



City of Killeen Recreation Services

VOLUNTEER TEAM MEMBER PACKET

Turn in Forms to:

Recreation Services Locations

Family Recreation Center 1700 E Stan Schlueter Loop Killeen, TX 76542
Lions Club Park Senior Center 1700-B E. Stan Schlueter Loop Killeen, TX 76542
(254) 501-6390

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 sports, and/or special event related experience you have. If you have volunteered at other parks departments, please list:

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

DAYS AVAILABLE TO VOLUNTEER:

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

TYPES OF VOLUNTEER POSITIONS AVAILABLE:

_____ **Senior Center:** Serving as a Kitchen Angel that prepares meals, serves food, cleaning the kitchen, sets up and tears down tables and chairs, mops the ballroom floor after meals. Decorating for events, and assisting with various events as identified.

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

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, Senior Prom, Senior Games, Casino Night 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 encounter 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, _____, 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.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 \$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

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	

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