



Serve Sugar Land

VOLUNTEER PROGRAM APPLICATION

**PLEASE MAIL COMPLETED APPLICATION TO:
2700 TOWN CENTER BLVD. N., SUGAR LAND, TX 77479,
ATTN: VOLUNTEER PROGRAM OFFICE**

Name: _____

Address: _____

City/Zip/Subdivision: _____

Phone Number: _____

Driver's License #: _____ Expiration Date: _____

Email: _____ Date of Birth: _____

VOLUNTEER EXPERIENCE

Please list any current or previous volunteer activities: _____

Why do you wish to volunteer with the City of Sugar Land (e.g. gain school credit, court mandated service, indulge a hobby, give back to the community, etc)? _____

Have you participated in:

___ S.L.101 ___ M.Y.A.C. ___ C.A.S.T. ___ C.E.R.T. ___ C.P.A. ___ C.F.A.

VOLUNTEER SKILLS & INTERESTS

Please indicate your volunteer skills and interests as applicable with a check mark. You may check as many categories as you would like to be considered for.

INTEREST	SKILL	VOLUNTEER ASSIGNMENT
		General
		Routine Office Work (typing, filing, copying, data entry, etc)
		Sugar Land Citizen Relations (answering phone calls and questions received by the City, directing visitors, etc)
		Senior Citizen Relations (assist with senior citizen functions & programs)
		On-Call for Special Events (typical duties include meet/greet, registration, set up/tear down, runner/floater, serve refreshments)
		Serve on an ad hoc citizen's committee as needed
		Field Trip Chaperone (for senior citizen events, etc)
		Summer Children's Program Assistant (assist with various activities the City operates during the summer for the children of Sugar Land)
		Tour Guide/Public Speaking
		Historical Research (researching the City's heritage)
		Animal Care (exercising, grooming and bathing dogs/cats and other animal services)
		City Outdoor Landscaping & Maintenance (assist with park clean-ups)
		Neighborhood Clean-Up/Fix-Up (lawn maintenance, light repair, painting, tree trimming, etc)
		Marketing/Graphics
		Translation (Language, Sign Language, Technical)
		Other (<i>Please Specify Your Interest/Skill</i>):

What days and times are you available to volunteer?

ANY DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Any Time _____ Mornings _____ Afternoons _____ Evenings _____

Specific Volunteer Opportunities Interested In: _____

HEALTH

Do you have any physical limitations/restrictions or other health-related issues that will need to be accommodated?

Yes _____ No _____

If yes, please explain: _____

SUPPLEMENTAL INFORMATION

Current Profession (if retired please list former profession): _____

Please list any special skills, training, interests or hobbies you have that may be useful:

Please list any languages (other than English), which you speak or write fluently: _____

Where did you learn of *Serve Sugar Land*? _____

Please list two individuals that we may contact as a character reference for you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of, plead guilty to, or received deferred adjudication for any criminal offense (misdemeanors and felonies) within the last seven (7) years?

Yes _____ No _____

If yes, please explain: _____

Note: This may not automatically disqualify you from participating in Serve Sugar Land

As a candidate for a volunteer position with the City of Sugar Land, I am willing to furnish and make available information for use in determining my qualifications and I am aware that any information I provide may be subject to an open records request. I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for my immediate discharge without recourse from the City of Sugar Land's Volunteer Program, *Serve Sugar Land*.

I understand that for security purposes a basic background check will be conducted to determine my eligibility and that further background information may be requested if a specific volunteer assignment calls for a more in-depth security check. Further, I understand and agree that all information furnished in this application may be verified by the City of Sugar Land. I also understand that my participation is subject to a satisfactory check of references and that I may also be subject to a "for cause" substance abuse screening at any point in time during my participation.

I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Sugar Land all information relative to my employment, work habits and character and hereby release such individuals, organizations, and the City of Sugar Land from any liability for any claim or damage which may result. I further understand that this information will be used solely for the purpose of determining my eligibility.

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

If Applicant is Under the Age of 18