

Youth Volunteer Application

LEARN-TO-SWIM

APPLICANT

Name: _____

Application Date: _____

PLEASE READ CAREFULLY

This application is intended for future City of Terrell youth volunteers less than 18 years of age. Thank you for your interest in the City of Terrell Learn-to-Swim Program. In order to have your application processed, please answer all questions on the application form. Incomplete applications will not be considered. All information will be treated confidentially.

The City of Terrell considers applicants for all volunteer positions without regard to race, color, sex, age, national origin, disabled or veteran status, or other legally protected status.



**City of Terrell
201 E. Nash St.
P.O. Box 310
Terrell, Texas 75160
972-551-6600
www.cityofterrell.org**

YOUTH VOLUNTEER APPLICATION

Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

Email: _____ Birth date: _____

Emergency Contact

In case of Emergency, contact: _____

Relationship: _____ Home ph: _____

Work Ph: _____ Cell Ph: _____

Education & Volunteer Background

School: _____ Grade: _____

Other volunteer activities & positions held:

CODE OF CONDUCT

All volunteers of the City of Terrell, in delivering City of Terrell services and in all other City of Terrell activities, shall meet the following standards of conduct.

No volunteer shall:

- A. Authorize the use for the benefit of any person, the name, the emblem, endorsement, services, or property of the City of Terrell, except in conformance with the City of Terrell.
- B. Accept or seek on behalf of any person, any financial advantage or gain of any other value offered as a result of the volunteer's affiliation with the City of Terrell.
- C. Use any affiliation with the City of Terrell in connection with the promotion of politics, religion, or any issue not in conformity with the official position of the City of Terrell.
- D. Disclose any confidential City of Terrell information, which is available through the volunteer's affiliation with the City of Terrell, to any person not authorized to receive such information or without the expressed authorization of the City of Terrell.
- E. Knowingly take action or make any statement intended to influence the conduct of the City of Terrell in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- F. Act in any manner that is contrary to the best interests of the City of Terrell.
- G. Act in a manner that creates a conflict with the interests of the City of Terrell and any organization in which the individual has a personal, business, or financial interest. The individual must disclose any conflict of interest to the appropriate counsel upon becoming aware of it.

Signature

Date

PARENTAL CONSENT FORM

My son/daughter, _____ (name), has my permission to participate and/or volunteer in City of Terrell—Learn to Swim Program.

The undersigned assumes all risk of injury or harm to the Child associated with participation in the Activity and agrees to release, indemnify, defend and forever discharge the City of Terrell and its staff, employees, and agents (collectively the “Organizer”) of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action.

The undersigned hereby further authorizes any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor’s office or other institution; employ any physicians, dentists, nurses, or other person whose service may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident but not limited to the administration of anesthesia, X-ray examination, performance or operations, diagnostic and other procedures. If there is no medical emergency, the City of Terrell will first use reasonable efforts to contact the person’s and/or guardians before administering or authorizing any treatment.

I also give to the City of Terrell, its nominees and agents, unlimited permission to use, publish and republish in the furtherance of its work, reproductions of my child’s likeness, photographic or otherwise, and voice, with or without use of my child’s name (if you object to the use of your child’s name, strike out the words “with or” above).

I consent and agree, as legal guardian of the minor named above, to the foregoing terms and provisions.

Allergies/reactions to medications (list): _____

Is there any physical condition or disability that could limit physical activity? (explain):

The Consent Form may be revoked at any time before the expiration date with written notice addressed to the City of Terrell—Learn to Swim Program.

Signature

Date

Relationship to Volunteer

City