



## **City of Kennedale | Volunteer Application – Date**

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Return this completed form to Kennedale City Hall in person with a valid piece of ID. Incomplete applications will not be accepted. Submission of a completed application does not guarantee you becoming a volunteer, nor does it guarantee we will always have tasks for you to complete as a volunteer at any given time.

I am interested in volunteering as a (mark all that apply):

- Library shelving Volunteer
- Special Events and Programs Volunteer
- Summer Reading Program Volunteer
- Homebound Delivery Volunteer
- Senior Center Volunteer

### **Personal Information:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you:  Home phone  Cell phone  Email

### **Educational Background:**

Highest level of education:

- High School/GED
- Associates Degree
- Undergraduate Degree
- Graduate Degree
- Post-Graduate Degree
- Vocational: \_\_\_\_\_

### **Professional Background :**

Currently employed?  Yes  No Retired?  Yes  No

### **Reason for Volunteering:**

Why are you interested in volunteering at the library?

- Community involvement
- Build work experience
- School service hours

- Corporate volunteer program       Ordered by courts/probation  
 Unpaid Internship                       Other: \_\_\_\_\_

Are you required to perform service hours?     Yes                       No

Number of hours required: \_\_\_\_\_ Date hours need to be completed: \_\_\_\_\_

### **Availability:**

I am interested in volunteering (check all that apply):

- Three months     Six months     Nine months (a school year)     Weekends only  
 One year             Ongoing     Occasional event     Other \_\_\_\_\_

### **Current Skills and Experience**

Skills:

- Advanced computer skills       Basic computer skills               Clerical skills  
 Database management             Event management                   Crafts  
 Group facilitation                       Public speaking  
 Working with diverse populations       Teaching experience  
 Other: \_\_\_\_\_

### **Library experience:**

- Checking in books                       Computer assistance  
 Instructing classes                       Shelving books  
 Program assistance                       Reference                       Other: \_\_\_\_\_

### **Languages:**

Are you fluent in a language other than English?

- Spanish     Chinese     Russian     Vietnamese     Other: \_\_\_\_\_

### **Volunteer Experience:**

Have you volunteered for City of Kennedale before?     Yes     No

If yes, when/in what department did you volunteer?

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Are there any reasonable accommodations you need to volunteer at the City of Kennedale safely and successfully? \_\_\_\_\_

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List other volunteer experience:

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### **References:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

### **Emergency Contact information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relation: \_\_\_\_\_

### **Volunteer Application Agreement:**

I understand and agree that City of Kennedale may investigate any information that I furnish in association with this volunteer application and perform whatever background investigation deemed appropriate. Any misrepresentation on this form can be cause for withdrawal of any offer or termination of a volunteer agreement.

If I become a volunteer at the City of Kennedale, I understand that the City may choose to end my volunteer status at any time. I understand that I will not be paid for my services as a volunteer, and I expect no compensation.

If offered a volunteer position I agree to comply with all lawful rules, policies, standards, and guidelines of the City of Kennedale.

**\*Applicants under the age of 18 require the signature of a parent or legal guardian along with the applicant's signature.**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Legal Guardian**

I \_\_\_\_\_ give permission for my minor child to volunteer at the City of Kennedale if she/he is selected. I have read the qualifications, duties, and time requirements for volunteering at the City of Kennedale and will assist my minor child in keeping his/her commitment if selected. I understand that submission of this application is not a guarantee that my minor child will be selected as a volunteer, and that hours are assigned on a first come, first-served basis.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:		
_____ Background Check	_____ Number	_____ Timesheet
_____ Safety Training	_____ Database	_____ Badge
_____ Orientation	_____ Scheduled	

**This form is required for all initial name-based search inquiries. Agency shall retain tracking form for all name-based inquiries from audit to audit.**

## DPS Computerized Criminal History (CCH) Verification Form

### Section 1: Applicant or Employee must acknowledge information. Signature & date required.

Applicant or Employee Name (Print):

**(This is not a consent form but serves as information for the applicant)**

I 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. 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 [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History - Employment Purposes 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.

Applicant or Employee Signature:	Date:
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### Section 2: Agency use only.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

### Section 3: For agency use only. CCH Tracking information. Check all that apply.

Purpose of CCH	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer/Contractor <input type="checkbox"/> Other:
CCH Storage	<input type="checkbox"/> No, CCH is not stored by agency. <input type="checkbox"/> Yes, CCH is stored by agency.
Retention Period	<input type="checkbox"/> Temp Only <input type="checkbox"/> Annual <input type="checkbox"/> None in place <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other: _____
Storage Method	<input type="checkbox"/> Physical/Printed <input type="checkbox"/> Digital/Electronic <input type="checkbox"/> Not Applicable
Retention Purpose	Explain:
Date Destroyed	
Destruction Method of CCH	Explain:

[CJIS Launch Pad Link - CHRI & Audit Resources](#)

### CCH Verification Log - Non Criminal Justice (Annual Tracking Log)

Agency shall retain tracking logs or forms for all name-based search inquiries. Retain from audit to audit.

Agency Name:						OrgID:		
No	Search Date	Individual Searched	Purpose for Search	Authorized Searcher	Initials	CHRI Retention	Storage Date	Destruction Date
1	8/2/23	John Doe	Applicant for School teacher.	Hungry Hippo	H.H.	No Retention	N/A	N/A
2	8/2/23	John Doe	Applicant for School teacher.	Hungry Hippo	H.H.	Printed	8/2/23	10/2/23
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**Reminder:** The User Entity shall provide the subject of the CHRI the opportunity to complete, or challenge the accuracy of, the information contained in the state and federal CHRI. This information is provided to the applicant using our *DPS Computerized Criminal History CCH Verification Form*. If the applicant wishes to receive a copy of their record or your agency wishes to further confirm identity please use the *Review of Personal Criminal History-Employment Purposes Form*