CITY OF BRYAN VOLUNTEER APPLICATION

Please complete thoroughly. Type or print legibly in ink and return by mail, fax or email to:

City of Bryan - City Secretary's Office
Volunteer Coordinator
P.O. Box 1000; Bryan, TX 77805
Fax: (979) 209-5003 E:mail: citysecretaryweb@bryantx.gov

Today's Date (mm/dd/yy):	**Date available to begin volunteering (mm/dd/yy):**

PERSONAL INFORMATION

Last Name, First Name, Middle Initial:		
Other names used on official records (maiden, alias, etc.):		
Are you at least 18 years of age? ☐ **YES** ☐ **NO**	**Date of Birth (mm/dd/yy):**	
Present Address (include City, State, Zip):		
Home Phone #: ( )	**Alternate Phone #** ( )	**E-mail:**
Have you previously worked for the City of Bryan? ☐ **YES** ☐ **NO**	**IF 'Yes', please provide the following:**	
Dates of Employment:	**Position/Department:**	
Reason for Leaving:		

Have you ever been charged with or have charges pending for an offense that resulted in a conviction, probation, community supervision or deferred adjudication? (NOTE: This includes DWI, DUI, driving while license suspended, reckless driving and other charges related to driving.)

☐ **YES** ☐ **NO**

If 'Yes', please provide the following information: (If more room is needed, provide on back or attach additional pages)

Date (mm/dd/yy)	Nature of Offense	Name of Court	Disposition of Case

IMPORTANT: A conviction record will not necessarily bar you from volunteer work. Factors such as nature of offense, date, and relationship between the offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar future volunteer work.

VOLUNTEER INFORMATION

How did you find out about the City of Bryan's Volunteer Program?

Have you volunteered for the City of Bryan before? ☐ **Yes** ☐ **No** **If 'Yes', when & where?**

Are you interested in one or more volunteer positions currently posted on the website? ☐ **Yes** ☐ **No**

If 'Yes', please specify:

Are you volunteering with a group or organization? ☐ **Yes** ☐ **No** **List group/organization name:**

Are you interested in volunteering for a specific City of Bryan event? ☐ **Yes** ☐ **No** **List event name & date(s) below:**

Event Name: **Date(s) of Event:**

Please specify the date(s), days (Monday-Sunday) and hours you are available to volunteer:

When can you begin volunteer work?

Do you have a certain number of hours that you need to complete? ☐ **Yes** ☐ **No** **If 'Yes', how many hours?**

Do you have a deadline in which to complete your volunteer work? ☐ **Yes** ☐ **No** **If 'Yes', by what date?**

Based on your understanding of the Volunteer Program and your areas of interest, will you require a reasonable accommodation to participate as a volunteer? ☐ **Yes** ☐ **No**

If 'Yes', what reasonable accommodations would be needed to assist you in this area?

ADDITIONAL INFORMATION

Are you related to any current City of Bryan (or BTU) employee? ☐ **YES** ☐ **NO**

If 'Yes', please provide name, department and relationship:

The City of Bryan (City) Charter prohibits certain relatives of City Councilmembers from being employed by or volunteering for the City. Please read the list below of current City Councilmembers and their spouses and then answer the following question: Are you or your spouse related to a City Councilmember or his/her spouse by blood or by marriage? ☐ **Yes** ☐ **No**

Jason Bienski	**Tasha (Sherrill) Bienski**
Al Saenz	**Cindy (Johnson) Saenz**
Rafael D. Peña III	**Maraiah (Montelongo) Peña**
Greg Owens	**Julie (Tschatschula) Owens**
Mike Southerland	**Tana (Boudreaux) Southerland**
Art Hughes	**Vicki (Dandurant) Hughes**
Chuck Konderla	**Lori (Hromcik) Konderla**

If 'Yes', please provide name and relationship:

If 'No', please note that it is your responsibility to inform the City if the situation changes.

VOLUNTEER ACKNOWLEDGEMENT

The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the City of Bryan. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Bryan or immediate release from volunteer work.

I understand that a criminal history check will be administered as well as verification of any information provided as part of the volunteer process, such as reference checks, etc.

I understand that I may be required to submit to and successfully pass a medical examination and/or drug test by a physician and laboratory selected by and at the expense of the City of Bryan in case of serious accident, injury, or death related to my service as a volunteer.

In the event that I am placed as a volunteer with the City of Bryan, I understand that I shall be required to sign a Volunteer Agreement and that I will be required to comply with all of the City's rules, policies and regulations. I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the City of Bryan has the right to terminate my services as volunteer at any time, with or without notice.

Note: You may mail, e-mail or fax the application; however, a handwritten signature is required.

Signature

Date

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Printed Name

HUMAN RESOURCES USE ONLY		
Date & Time:	Drug Screen: PASS / FAIL	Criminal Check: PASS / FAIL
Date Cleared:	Comments:	