

# VOLUNTEER REGISTRATION FORM

Patrick Heath Public Library

451 North Main Street

Boerne, TX 8006

830-249-3053

**AGES 17 and UP**

**Please Note: The Library does not participate in court ordered community service programs.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## Emergency Information

Please list three people (relatives, friends, neighbors) who can be contacted in case of emergency.

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

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

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

Special health problems or information we should know:

\_\_\_\_\_

\_\_\_\_\_

Most jobs require lifting, bending, pushing, stooping, or periods of standing. Basic computer skills are required to complete some tasks. If you are unable to perform these functions, please let us know.

We are looking for people who can make a commitment of a minimum of two (2) hours weekly. You are most welcome to volunteer more hours but to ensure we have the right amount of help on busy days we ask that you commit to at least two (2) hours per week.

**Days and times available to volunteer?**

**Monday:**    Morning    Afternoon    Evening

**Tuesday:**    Morning    Afternoon    Evening

**Wednesday:**    Morning    Afternoon    Evening

**Thursday:**    Morning    Afternoon    Evening

**Friday:**    Morning    Afternoon    Evening

**Saturday:**    Morning    Afternoon    Evening

Do you have any special skills, interests, training, or hobbies that you would like to share with us?

---

---

---

What kind of volunteer work are you interested in?

---

---

---

**Please notify us of any changes to this information.**

**CITY OF BOERNE**

**RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT**

In exchange for being allowed to enter real property owned by the City of Boerne and/or participate in City sponsored activities on City property, I am freely signing this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT.

I understand that entering the real property of the City and/or participating in City sponsored activities may be hazardous to my personal health and safety (and that of my minor children), and that for the privilege of being allowed to enter City property and/or being allowed to participate in activities on City property, I am accepting all risks associated with being on the property and/or participating in City sponsored activities on behalf of myself (and my minor children).

I understand and accept that my voluntary entry onto and/or participation in activities on City of Boerne property exposes me to a heightened risk of bodily injury, property loss, damage, or death and that those risks are possibly beyond the ordinary risks associated with such potentially hazardous terrain and/or activities.

**KNOWING THIS, I HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE CITY OF BOERNE, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND ASSIGNS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS AND JUDGMENTS WHICH I MAY HAVE, OR WHICH MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE OR CLAIM TO HAVE AGAINST THE CITY OF BOERNE, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, OR ASSIGNS, FOR ANY AND ALL CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION OF WHATEVER NATURE OR CHARACTER, KNOWN OR UNKNOWN, WHICH MAY BE ASSERTED BY ANY PERSON, FIRM, OR CORPORATION, WHOSOEVER CLAIMING BY, THROUGH OR UNDER ME FOR PERSONAL INJURIES, DEATH, AND/OR PROPERTY DAMAGE CAUSED BY OR ARISING OUT OF, MY ENTRY ON TO THE PROPERTY AND/OR PARTICIPATION IN CITY SPONSORED ACTIVITIES.**

I agree that if I (or my minor children) require rescue and/or emergency medical assistance and/or transport, I WILL PAY THE COSTS OF SUCH RESCUE AND/OR ASSISTANCE AND/OR TRANSPORT and I, or my heirs, will reimburse the City of Boerne and/or others for the costs incurred in performing any rescue and/or assistance and/or transport on my behalf within thirty (30) days of receipt of written demand.

I am 18 years of age or over, or I am accompanied by a parent or guardian who is authorized to sign this release on my behalf. I have carefully read this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT or had it read to me in a language that I fully understand and I understand all of its terms. I am signing voluntarily and with full knowledge of its legal consequences and of the personal risks to me and/or my minor children. I have not relied on any information from the City of Boerne, its officers, employees, agents, volunteers or assigns in deciding to make this release and agreement.

**SIGNED ON (Date):** \_\_\_\_\_

**Participant (Printed):** \_\_\_\_\_

**Participant (Signed):** \_\_\_\_\_

Form reviewed by legal counsel: April 13, 2021.

# Volunteer Registration and Background Check Authorization Form

---

## To Be Completed by Volunteer

Please print all requested information to register as a volunteer and to have the City of Boerne perform a background check.

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

I hereby authorize the City of Boerne to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education, and employment. I hereby release the City of Boerne and its elected officials, employees, agents, and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the City of Boerne.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein could void my consideration as a City of Boerne volunteer.

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

*With limited exceptions, you are entitled (at your request) to be informed about the information the City of Boerne collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review certain information. The information that the City of Boerne collects will be retained and maintained as required by Texas records retention laws and rules. Different types of information are kept for different periods of time.*

*\* DOB is being requested to obtain accurate retrieval of records.*

# 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/CrimeRecords/ReviewofPersonalCriminalHistory](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

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	