



VOLUNTEER APPLICATION

City of Caldwell

107 S. Hill St.

Caldwell, Texas 77836

GENERAL	
<i>General requirement: Must be at least 16 years of age. Minors, may volunteer with parental or legal guardian consent.</i>	
All volunteer applications should be returned to the appropriate city department. Applications can be emailed, mailed or dropped off at the city department that you are seeking to volunteer with. Please visit the City of Caldwell website for contact information or locations.	
PERSONAL INFORMATION	
Last Name:	First Name: MI:
Address: <i>Number Street (Unit #) City State Zip Code</i>	
Cell Phone:	Email:
Why do you wish to volunteer for the City of Caldwell? (Check all that apply)	
<input type="checkbox"/> Personal Experience <input type="checkbox"/> Work Experience <input type="checkbox"/> Organization Requirement	<input type="checkbox"/> Skill Development <input type="checkbox"/> School Requirement <input type="checkbox"/> Community Service Requirement
List the Highest Level of Education that you have completed:	
<input type="checkbox"/> Elementary <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HS Equivalency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree
Check which department you wish to volunteer with (A separate application will need to be submitted for each department).	
<input type="checkbox"/> City Hall – mgonzalez@caldwelltx.gov <input type="checkbox"/> Civic Center – civiccenter@caldwelltx.gov	<input type="checkbox"/> Library – library@caldwelltx.gov <input type="checkbox"/> Main Street – mainstreet@caldwelltx.gov
AVAILABILITY	
Position Applying for:	Days Available (List hours next to the day)
Date Available to begin:	<input type="checkbox"/> Sunday:
	<input type="checkbox"/> Monday:
	<input type="checkbox"/> Tuesday:
	<input type="checkbox"/> Wednesday:
	<input type="checkbox"/> Thursday:
	<input type="checkbox"/> Friday:
	<input type="checkbox"/> Saturday:



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SKILLS AND ABILITIES			
Check all that apply:			
<input type="checkbox"/> Accounting / Business	<input type="checkbox"/> Handling Money		
<input type="checkbox"/> Alphabetize	<input type="checkbox"/> Handy work / Landscaping		
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Photography		
<input type="checkbox"/> Clerical / Receptionist	<input type="checkbox"/> Public Speaking		
<input type="checkbox"/> Computers	<input type="checkbox"/> Research		
<input type="checkbox"/> Community Education	<input type="checkbox"/> Recreational Activities		
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Statistical Research		
<input type="checkbox"/> Fund-Raising	<input type="checkbox"/> Translation / Languages		
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Writing / Editing		
<input type="checkbox"/> Other:			
EMPLOYMENT EXPERIENCE 1 (IF APPLICABLE)			
Employer:		Work Performed:	
<i>Date Employed (From)</i>	<i>Date Employed (To)</i>	<i>Hourly Rate/Salary (Start)</i>	<i>Hourly Rate/Salary (End)</i>
Job Title:		Supervisor:	
Reason for Leaving:			
EMPLOYMENT EXPERIENCE 2 (IF APPLICABLE)			
Employer:		Work Performed:	
<i>Date Employed (From)</i>	<i>Date Employed (To)</i>	<i>Hourly Rate/Salary (Start)</i>	<i>Hourly Rate/Salary (End)</i>
Job Title:		Supervisor:	
Reason for Leaving:			



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ADDITIONAL INFORMATION

Briefly explain why do you want to volunteer here?

Briefly explain what other skills you have that might be relevant to this position?

- Do you have reliable transportation?
- Are you willing to have a background check (if requested)?

CRIMINAL REFERENCE

Have you ever been convicted of a felony?

- Yes (if so, provide documentation)
- No

Have you ever been convicted of any violation of the law?

- Yes (if so, provide documentation)
- No

Have you ever been subjected to a deferred adjunction on a felony or misdemeanor charge?

- Yes (if so, provide documentation)
- No

A conviction may not disqualify you, but a false statement or failure to disclose may.

If you answered "YES" to any of the above questions, please explain in concise detail below, indicating the dates and nature of the offers, the name and location of the court and the final disposition of the case(s).



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REFERENCES	
<i>Please provide at least three references, only one should be related to you.</i>	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

If special accommodations are required or you need assistance with submitting this application, please contact the Community Development Department at 979-567-3901 for assistance. Completed applications should be returned to the department that you wish to volunteer with.

VERIFICATION
<i>I hereby affirm that the information provided on this application and resume (if attached) is true and complete to the best of my knowledge. I understand that falsified information or significant omission(s) on this application may disqualify me from further consideration for any City of Caldwell volunteer opportunities.</i>
Signature:
Date:
<i>If under the age of 18</i>
Parent / Legal Guardian Signature:
Date: