



Please
Print

First Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____ Physical Limitations (if any) _____

Emergency Contact _____ Relationship _____ Phone _____

Email Address _____

What is your availability? (Please check all days and times when you are available to volunteer)
2 hour commitment required

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Other
Morning								
Afternoon								
Evening								

I WOULD LIKE TO PREFORM COMMUNITY SERVICE HOURS AT:

- Library** **Animal Services** **Public Works** **Keep Lake Dallas Beautiful**

Court Information

Name of Probation Officer or Municipal Court _____ Phone Number _____ Fax Number _____

Offense _____ Total Hours to Complete _____ Date hours must be completed by: _____

Previous Offense (if any) _____

All community service & volunteer applicants will have a criminal background check completed by The City of Lake Dallas prior to beginning community service/volunteer activities. Please note that The City of Lake Dallas **does not** include a check of your credit history as part of this process. If the Background Verification Release form is not complete the individual will be unable to perform Community Service.

Problematic background results may include, but are not limited to, the following: felony convictions, crimes against children, crimes of violent nature, drug or alcohol related crimes, embezzlement of funds, theft, dishonesty and crimes of sexual nature.

APPLICANT INFORMATION:



Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used		
Current Address					
City	State	Zip Code	County		
Social Security Number (required)	Date of Birth	Driver's License Number	State Issued		
Phone Number	EMAIL ADDRESS:				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/>				

I hereby authorize the City of Lake Dallas and or its Service Provider to request and receive all background information about or concerning me, regarding my Criminal History.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for community service/volunteer work with this organization.

I further release and discharge the City of Lake Dallas and its Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I acknowledge that I have voluntarily provided the above information for community Service/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature (if under 18 years of age)



*****If under 18 years of age a parent or legal guardian of the minor must complete this release. *****

TO BE COMPLETED BY THE PARENTS OR LEGAL GUARDIANS OF THE MINOR SUBJECT TO THIS RELEASE:

I am a parent or legal guardian of _____ (“Minor”) and have read and understand the below Community Service Release, Waiver of Liability and Assumption of Risk (“the Release”) signed by Minor. I agree to be bound by the Release in its entirety as if signed by me. **By signing below, I am expressly agreeing on behalf of Minor to all of the terms set forth in the Release and agree to indemnify, defend and hold the City of Lake Dallas (“City”), its elected and appointed officers, employees, representatives and agent, harmless in the manner provided in the Release including for any and all claims, damages, causes of action of any kind whatsoever, statutory or otherwise, personal injury (including death), property damage, lawsuits and judgments, court costs, expenses and reasonable attorney’s fees, and all other expenses resulting directly or indirectly from performing such community service, including but not limited to any damages I may incur as the result of personal injuries to Minor or Minor’s death.** I acknowledge and fully understand there may be foreseeable and/or unforeseeable dangers in allowing Minor to engage in any community service work, and am voluntarily permitting Minor to perform community service as ordered by the City of Lake Dallas Municipal Court as payment for Minor’s outstanding fines and/or court costs owing to City. I further represent that I am legally authorized to consent to Minor accepting and performing community service in lieu of payment of fines and/or court costs and acknowledge that the City is relying on such representation of authority in allowing Minor to accept and perform community service as ordered by the Court.

Signature of Parent/Legal Guardian

Date

Printed Name

STATE OF TEXAS §
 §
COUNTY OF DENTON §

SWORN AND SUBSCRIBED before me this ___day of __, 20___, by _____(name of parent/guardian)

Notary Public, State of Texas

Commission Expires: _____



**CITY OF LAKE DALLAS COMMUNITY SERVICE RELEASE
WAIVER OF LIABILITY, AND ASSUMPTION OF THE RISKS**

This Release, Waiver of Liability, and Assumption of the Risks ("Release") is executed on this _____ day of _____, 20__ by _____ (the "Community Service Worker") in favor of the City of Lake Dallas, Texas, a Texas home-rule municipality ("City"), its elected officials, officers, employees, board members, and agents.

1. I, _____, certify that I am the Community Service Worker, and I am at least eighteen (18) years of age or, if not 18 years of age, have obtained the written consent of my parent or adult guardian to sign this Release. I desire to participate in the City's Court-Appointed Community Service Workers Program ("Community Service Program"); therefore, I do hereby freely, voluntarily, intentionally, and unconditionally execute this Release under the terms below.

2. **WAIVER AND RELEASE:** I UNDERSTAND THAT MY PARTICIPATION IN THE CITY'S COMMUNITY SERVICE PROGRAM IS VOLUNTARY, AND I, BEING THE COMMUNITY SERVICE WORKER, DO SPECIFICALLY HEREBY FULLY, COMPLETELY, AND UNCONDITIONALLY RELEASE AND FOREVER DISCHARGE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF LAKE DALLAS, TEXAS, AND ANY AND ALL OF ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, BOARD MEMBERS, AGENTS AND THEIR SUCCESSORS AND ASSIGNS, FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, COSTS, EXPENSES, INTEREST, AND ATTORNEY FEES, DUE TO THE CITY'S OR CITY EMPLOYEE'S NEGLIGENCE OR GROSS NEGLIGENCE OR MY OWN NEGLIGENCE, KNOWN OR UNKNOWN WHICH I MAY CURRENTLY HAVE OR MAY HAVE IN THE FUTURE, OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, THAT MAY ARISE DIRECTLY OR INDIRECTLY FROM OR IN CONNECTION WITH MY PARTICIPATION IN THE CITY'S COMMUNITY SERVICE PROGRAM. I UNDERSTAND AND ACKNOWLEDGE THAT THE EXECUTION OF THIS RELEASE DISCHARGES AND WILL FOREVER DISCHARGE THE CITY OF LAKE DALLAS AND ITS OFFICERS, EMPLOYEES, AND ELECTED OFFICIALS FROM ANY AND ALL LIABILITIES, DAMAGES, DEMANDS, CAUSES OF ACTION, EXPENSES, ATTORNEY FEES OR CLAIMS WHATSOEVER THAT I MAY HAVE AGAINST THE CITY OF LAKE DALLAS, ITS OFFICERS, EMPLOYEES, AND ELECTED OFFICIALS FOR THEIR NEGLIGENCE OR GROSS NEGLIGENCE WITH RESPECT TO ANY BODILY INJURY, ILLNESS, DEATH AND/OR REAL OR PERSONAL PROPERTY DAMAGE WHICH MAY RESULT DIRECTLY OR INDIRECTLY FROM MY PARTICIPATION IN THE CITY'S COMMUNITY SERVICE PROGRAM. I FURTHER UNDERSTAND THAT THE CITY OF LAKE DALLAS ASSUMES NO RESPONSIBILITY FOR AND IS NOT OBLIGATED IN ANY WAY TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING, BUT NOT LIMITED TO, MEDICAL, HEALTH, OR DISABILITY INSURANCE, IN THE EVENT OF ANY INJURY, ILLNESS, DEATH, AND/OR PROPERTY DAMAGE RESULTING FROM ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED TO MY PARTICIPATION IN THE CITY'S COMMUNITY SERVICE PROGRAM.

3. **MEDICAL TREATMENT:** I DO HEREBY FURTHER RELEASE AND FOREVER DISCHARGE THE CITY OF LAKE DALLAS AND ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, BOARD MEMBERS, AND AGENTS FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREINAFTER ARISE ON ACCOUNT OF ANY EMERGENCY FIRST AID, EMERGENCY MEDICAL TREATMENT, OR EMERGENCY SERVICES RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE CITY'S COMMUNITY SERVICE PROGRAM.

4. **ASSUMPTION OF THE RISK:** I RECOGNIZE AND UNDERSTAND THAT THE ACTIVITIES WITH THE CITY'S COMMUNITY SERVICE PROGRAM MAY INCLUDE HAZARDOUS ACTIVITIES, SUCH AS, BUT NOT LIMITED TO, THE FOLLOWING: HANDLING, CARRYING, AND TRANSPORTING HEAVY EQUIPMENT, PAPERWORK, OR FURNITURE; EXPOSURE TO CLEANING CHEMICALS; EXPOSURE TO EXTREME WEATHER CONDITIONS, INCLUDING HEAT, RAIN, AND COLD. I RECOGNIZE AND UNDERSTAND THAT THE CITY OF LAKE DALLAS GIVES NO REPRESENTATIONS OR WARRANTIES THAT THE ACTIVITIES OR SITES RELATED TO THE CITY'S COMMUNITY SERVICE PROGRAM ARE FREE FROM HAZARDS THAT MAY CAUSE BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE. I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM TO ME IN THESE SITUATIONS AND FULLY



AND COMPLETELY RELEASE AND DISCHARGE THE CITY OF LAKE DALLAS FROM ANY AND ALL LIABILITY FOR ANY AND ALL INJURY, ILLNESS, DEATH, AND/OR PROPERTY DAMAGE RESULTING DIRECTLY OR INDIRECTLY FROM MY PARTICIPATION IN THE CITY'S COMMUNITY SERVICE PROGRAM.

5. I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas. I agree that if any portion of this Release is held invalid, the remaining Release shall continue in full force and effect. I acknowledge that I have signed this document of my own free will.

6. I understand and agree that this is the final, complete and only agreement between myself and the City of Lake Dallas, Texas regarding my participation in the City's Community Service Program.

7. **Read and Understood:** I, before signing this Agreement, state that I have carefully read each and every paragraph of this Agreement, understand each and every paragraph, and have had sufficient opportunity to have an Attorney, if I so desire, advise me about the legal effect of the terms and conditions of this Release, Waiver of Liability, and Assumption of the Risks. I choose to sign this Agreement as written without modification.

In witness whereof, I have executed this Release as of the day and year written below.

Witness my hand this the ____ day of __, 20 ____.

Signature: _____

Print Name: _____

STATE OF TEXAS §

§

COUNTY OF DENTON §

Acknowledged before me this ____ day of _____ 20____, by _____

Notary Public, State of Texas

Commission Expires: _____



Community Service Rules

While performing community service, I will:

- Contact the provider I choose to arrange community service as soon as possible;
- Arrive on time;
- Obey the site supervisor;
- Not leave the worksite without permission;
- Not carry any sort of weapon;
- Not use abusive language;
- Not deliberately destroy or deface any tools or property;
- Never accept any tips or cash from anyone in association with my community service;
- Wear appropriate clothing to work;
- Contact the Municipal Court with any questions.