



# Volunteer Application

## Volunteer Information

Name		
Street Address, City, Zip		
Phone		
Email		
Are you over 18?	Yes	No

## Group Information (if applicable)

Group Name		
Group Type/Size		
Are there minors in your group?	Yes	No

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings
- Weekday afternoons       Weekend afternoons
- Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering (check all that apply)

- Painting       Litter Pick-Up
- Fence Repairs       Refreshments
- Landscaping       Professional Home Repair Service
- Windows/Doors

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired related to home improvement.

## Volunteer Activities

Volunteers may be asked to participate in physical activities that include lifting, bending, reaching, and repetitive motions (painting, hammering, etc.). Please check yes if you have any physical restrictions or constraints.

Yes, I have physical restrictions. Explain: \_\_\_\_\_

No, I do not have any physical restrictions.



# GARLAND

## Person to Notify in Case of Emergency

Name	
Street Address	
City State Zip Code	
Cell Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

In consideration for being permitted to volunteer with Where The Heart Is, City of Garland, Saturn Road Church of Christ, First Baptist Garland, and other Where The Heart Is Partners, I hereby release, indemnify, and hold harmless these organizations, and their officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes of action (including claims for court costs and attorney's fees) whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me or to any property belonging to me while volunteering for a Where The Heart Is project or while in, on or upon the premises of a project site.

### AUTHORIZATION TO USE IMAGE

I hereby consent to my photograph being taken or image recorded by the City of Garland in connection with the City of Garland neighborhood programs.

Furthermore, I authorize the use, copyright, or publication of my name, image or voice as may be captured by photograph, video or audio recording while attending or participating with the City of Garland programs, in any medium, for any purpose, including illustration, promotion, marketing or advertisement.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us. You may submit forms by mail, email, fax or in person to:

<b>Mail:</b> City of Garland Neighborhood Vitality PO Box 469002 Garland, TX 75046	<b>Email:</b> Neighborhoods@GalrandTX.gov	<b>Fax:</b> 972-205-2474	<b>In Person:</b> 800 Main St. Garland, TX 75040 2 <sup>nd</sup> Floor
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## For Office Use Only – Do Not Write Below This Line

Date/Time Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_