



Volunteer Application Form

Thank you for your interest in becoming a volunteer with Corpus Christi Animal Care Services! Your willingness to help the pets and people of our community is truly appreciated. Applicants must be 18 years or older to volunteer independently. CCACS also accepts Junior Volunteers between the ages of 14 and 17 with an accompanying parent or guardian who is an approved volunteer. We look forward to working together to bring a brighter future for the orphaned pets of CCACS. **Please Print:**

Name of Applicant

Date of Birth

Address

City

State

Zip

Phone Number

Email

EMERGENCY CONTACT: _____

Name

Phone Number(s)

If the applicant is a Junior Volunteer, aged 14-17 years, they must be accompanied by a parent or guardian at all times who is also an approved CCACS volunteer.

Name of Parent/Guardian Volunteer for Junior Volunteer Applicant

Phone Number

How did you hear about us? _____

Please list any animal related skills, experience or interests you have: _____

What animal welfare, rescue groups or animal shelters have you volunteered with before? Do you still volunteer with them? _____

Have you ever been terminated or dismissed from any volunteer program? _____ If yes, please explain the reason and what organization/agency you volunteered with: _____

Have you ever been charged or convicted of an animal-related offense? _____ If yes, please explain: _____

CCACS offers on-site volunteer opportunities Monday through Saturday from 8 a.m. to 5:30 p.m. Off-site and special event opportunities can occur any day of the week at various times. What days and hours would you typically be available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have any allergies or conditions that we should be aware of? Consider all allergies and conditions that you feel we should be aware of for your protection. Be aware that nut-based products are used in enrichment and dog treats, and as a result, we are not able to guarantee a nut-free environment. _____

Please list what types of accommodation or consideration you may require. If there is none, please write none. _____

Will you need a record of your volunteer hours for School Credits? [] Yes [] No_____

In which areas are you interested in volunteering? Please check all that apply:

Dogs _____ Cats _____ Both Dogs and Cats _____

Animal Transport _____ Pet enrichment _____ Cleaning Kennels/Cages _____ Clinic Support _____

Outreach Events _____ Bathing Animals _____ Laundry _____ Clerical Support _____

Grooming Animals _____ Walking Dogs _____ Dishwashing _____ Taking Photos _____

Fostering Animals _____

Please tell us about any other special skills or ways you would like to help:

I certify that the information provided on this volunteer application is truthful. I also understand that the CCACS Volunteer Coordinator will review my application and, if approved, require that I sign a background check and liability release form. Once I have passed my background check (this can take up to two weeks), the Volunteer Coordinator will schedule my volunteer orientation and training. Please be aware that CCACS will not accept volunteers who have court-ordered community service.

Signature

Date

CCACS Volunteer Coordinator Use Only:

Received by: _____ Date: _____

Chameleon checked for shelter/field citations/problems: Yes or No

Approved: Yes or No

If approved, date that Background Check and Liability Release Form was emailed to applicant: _____

Date background check passed: _____

Date orientation is scheduled: _____



VOLUNTEER WORKER ASSIGNMENT FORM

H.R. Policy 37.0 Volunteer Program

Date: _____ Volunteer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

HOURS PER WEEK NOT TO EXCEED 20

Department Assigned To: _____

Charge Code (Background Check Fee): _____

Supervisor Name: _____ Email: _____ Phone: _____

Description of Volunteer Tasks To Be Performed:

Are these tasks safety sensitive? _____ Yes _____ No

Does the performance of the tasks or the area in which they will be performed provide the person access to:

Sensitive City, Customer or employee information? _____ Yes _____ No

Cash _____ Yes _____ No

Senior Citizens _____ Yes _____ No

Children _____ Yes _____ No

Date Assignment to Begin: _____ Date Assignment to End: _____

WORK ASSIGNMENT APPROVAL SIGNATURE BELOW

Department Director Approval Signature

Date

Director of Human Resources Approval Signature

Date

SUBMIT COMPLETED FORM TO HUMAN RESOURCES DEPARTMENT FOR BACKGROUND CHECK PROCESSING

361.826.3300

learninginstitute@cctexas.com

<http://www.learningcc.org>

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)

VOLUNTEER RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

By signing this document you are waiving any protection under Section 39.14 and Section 39.323 of the City of Corpus Christi Texas Code of Ordinance and any other similar ordinances.

By signing this document I agree to waive any rights to sue the City of Corpus Christi, its officers, officials, employees, representative, and agents (collectively, the "City"), for any damages or claims arising out of volunteer participation. I am aware that participating in the volunteer program may involve dangers and risks of serious injury and/or death and/or property damage. I freely accept and fully assume all such danger and risks. In consideration of being allowed to participate in the volunteer program I further agree as follows:

1. To waive any and all claims I may have against the City arising out of volunteer participation;
2. To release the City from any and all liability from any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the volunteer programs due to any cause whatsoever, including any negligence of the City or otherwise;
3. To hold harmless and indemnify the City from any and all liability for any property damage or personal injury to any third-party, resulting from my participation in the volunteer program;
4. This release of Liability and Hold Harmless Agreement shall be effective and binding on my heirs, next of kin, executors, administrators, and assigns in the event of participant's death.

I have read and understand this Release of Liability and Hold Harmless Agreement prior to signing it, and am aware that by signing this Release of Liability and Hold Harmless Agreement I am waiving certain legal rights which I or my heirs, executors, administrators and assign may have against the City.

If volunteer is under 18 years of age, the Parent or Guardian must sign below along with the volunteer. As the Parent or Guardian of a volunteer I agree to execute this Release of Liability and Hold Harmless Agreement on behalf of volunteer. I acknowledge the risks and dangers associated with the volunteer program and I voluntarily accept and assume liability and the possibility of injury, damage, death, or loss resulting there on behalf of the Volunteer. I waive any and all claims and agree to release, hold harmless, and indemnify the City of Corpus Christi, and its officer, officials, employees, representatives, and agents on behalf of the volunteer.

Volunteer's Name (Printed)

Date of Birth

Volunteer's Signature & Date

Parent/Guardian Signature & Date

Volunteer's Address

Department Name & Contact

Emergency Contact Name & Phone: _____

ORIGINAL TO BE MAINTAINED BY ASSIGNED DEPARTMENT

DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK
AND AUTHORIZATION FOR BACKGROUND CHECK

In connection with your application for employment with the City of Corpus Christi, a consumer report/criminal background check regarding your credit-worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living may be obtained with respect to you for employment purposes from a consumer reporting agency.

I hereby authorize the City of Corpus Christi to obtain and use a consumer report/criminal background check with respect to me for employment purposes.

I further authorize the obtaining of "consumer reports" and/or "criminal background checks" by the City of Corpus Christi at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**. IntelliCorp may procure a consumer report about me for employment purposes in connection with my relationship with the City of Corpus Christi.

I also consent to have any legally required notices sent electronically.

Printed Name

Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date



City of
Corpus
Christi

TEXAS PUBLIC INFORMATION ACT

PERSONAL INFORMATION RELEASE FORM

Texas Government Code Section 552.024

Employee Name (Printed)

ID#

Department

The Texas Public Information Act allows members of the public to have access to your home address, home telephone number, personal cellular phone number, Social Security number, emergency contact information, and information that reveals whether you have family members, **unless you tell the City in writing not to allow public access to this information.**

If you want to keep members of the public from having access to this information, please check the appropriate box(es) below (as applicable), sign and date this form, and then return the form to the Director of Human Resources. This completed form will be placed in your Official Personnel File.

	PUBLIC ACCESS?	
	NO	YES
Home Address		
Home Telephone Number		
Personal Cellular Phone Number		
Social Security Number		
Emergency Contact Information		
Information That Reveals Whether You Have Family Members		

I understand that if I want to amend these choices, I must inform the Director of Human Resources in writing of my intent and fill out a new Personal Information Release Form.

Employee Signature

Date

PLEASE RETURN TO: Human Resources Department, Records Section

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357