



# CITY OF MCALLEN VOLUNTEER APPLICATION

General Requirement: Must be at least 16 years of age or older. Minors, under the age of 18, may volunteer with parental or legal guardian consent.

## DEMOGRAPHIC DATA

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apartment/Unit  
\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event / Location volunteering for: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

List the highest level of education that you have completed:

- Elementary     
  GED/HS Equivalency     
  Associates Degree     
  Masters Degree  
 High School Diploma     
  Some College     
  Bachelors Degree     
  Other: \_\_\_\_\_

## AVAILABILITY

Date available to start volunteering: \_\_\_\_\_ Duration of volunteer committment: \_\_\_\_\_

List days and hours available below:

|    | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----|--------|--------|---------|-----------|----------|--------|----------|
| AM |        |        |         |           |          |        |          |
| PM |        |        |         |           |          |        |          |

## SKILLS & ABILITIES

List any special skills and/or abilities which relate to the position you are volunteering in:

- Accounting/Business     
  Customer Service     
  Arts & Crafts     
  Fund-Raising  
 Clerical/Receptionist     
  Greeting     
  Desktop Publishing     
  Internet Research  
 Computers     
  Recreational Activities     
  Graphic Design     
  Community Education  
 Photography     
  Public Speaking     
  Statistical Research     
  Translation/Languages  
 Writing/Editing     
  Other: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### Primary Contact:

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

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Secondary Contact:

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

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CRIMINAL/REFERENCE BACKGROUND CHECKS

*In an effort to protect its citizens, employees, and resources from harm or loss, the City of McAllen conducts criminal and reference background checks on its volunteers. As a condition of volunteering with the City you are required to undergo a criminal and reference background check. Failure to provide accurate or complete information on your application may result in your placement being denied.*

### **Needed to verify identity:**

Date of birth (MM/DD/YYYY): \_\_\_\_\_ Place of birth (City, State): \_\_\_\_\_

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

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication/probation for a felony or any lesser crime, other than a minor traffic infraction?

Yes  No

**If you answered "Yes", please explain in concise detail in the box below, indicating the dates and nature of the offense, the name and location of the court and the final disposition of the case(s).**

## ACCOMODATIONS

If special accommodations are required, please contact the Human Resources Department at (956)681-1045 for assistance.

## VERIFICATION OF INFORMATION

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 McAllen volunteer opportunities.

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

### **If under age of 18:**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_