

VOLUNTEER APPLICATION

City of Seguin

P.O. Box 591
Seguin, TX 78156-0591
Telephone: 401-2473
Fax: 830-401-2478
E-mail: ctoliver@seguintexas.gov

Department:

- ☐ Animal Services
☐ Fire/EMS
☐ Library
☐ Police
☒ Golf

Name: HERNANDEZ Peter Date: 2-22-24
Address: REDBRIDGE SEGWIN TX 78155
Telephone Number: [REDACTED] E-Mail Address: [REDACTED]
Emergency Contact Name: ROSA TORRES Phone Number: [REDACTED]
Driver's License Number: [REDACTED] State Issued by: TX Expires: 8-5-2028
Have you ever been convicted of a criminal offense other than minor traffic violations? ☐ Yes ☒ No
(A conviction may not automatically disqualify you from eligibility to volunteer)
Date of Birth: [REDACTED]
Please check one: ☐ Youth (Age 14-15) ☐ Youth (Age 16-18) ☒ Adult (over 18)
Requires Special Approval

Do you have any conditions or physical limitations that will require special arrangements or that would restrict the types of activities or tasks you could perform?

Please provide two personal or professional references:

Name	Phone Number	Relationship
1. <u>ARMANDO RANGEL</u>	<u>[REDACTED]</u>	<u>FRIEND</u>
2. <u>WILLIE RANGEL</u>	<u>[REDACTED]</u>	<u>FRIEND</u>


Are you currently ☐ Employed ☐ Student ☐ Retired

EDUCATION

School Attended	Years Completed	Degree/Diploma
1. <u>SEGWIN HIGH</u>	<u>12</u>	<u>[REDACTED]</u>
2. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
3. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

List any professional certifications or licenses you hold: FORKLIFT / CLASS A CDL / OVERHEAD CRANE OPERATOR

EMPLOYMENT/VOLUNTEER HISTORY

EMPLOYER	DATES OF EMPLOYMENT	SUPERVISOR NAME	PHONE NUMBER
1. <u>Cmc</u>	<u>16 YRS</u>	<u>TODD VICKERS</u>	
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are there certain skills, training or knowledge you wish to utilize while volunteering? _____

INTERESTS AND SPECIAL SKILLS (Check the skills or areas of interest you have)

<input checked="" type="checkbox"/> Gardening/lawn care	<input type="checkbox"/> Video/TV Production
<input type="checkbox"/> Graphic Design	<input checked="" type="checkbox"/> Carpentry/construction
<input type="checkbox"/> Mass Mailings	<input type="checkbox"/> Calligraphy
<input type="checkbox"/> Surveys	<input type="checkbox"/> Research
<input type="checkbox"/> Special Events	<input type="checkbox"/> Clerical/Receptionist/Filing
<input type="checkbox"/> Concessions	<input type="checkbox"/> Event set-up/take-down
<input type="checkbox"/> Telephoning	<input checked="" type="checkbox"/> Public Relations/Marketing
<input type="checkbox"/> Photocopying	<input type="checkbox"/> Photography
<input type="checkbox"/> Recreational Activities (Crafts, coaching, athletics)	<input type="checkbox"/> Accounting
	<input type="checkbox"/> Other (please specify): _____

LANGUAGES

List any foreign language that you are skilled in and check the box(s) that best describe your ability

LANGUAGE:	SPEAK	WRITE
<u>ENGLISH/HISPANIC</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER SKILLS

Please rate yourself in your ability to utilize computer software using a scale of 1-5, 5 being expert

Microsoft Word <input checked="" type="checkbox"/>	Microsoft Excel _____
Microsoft Access _____	PowerPoint _____
Other software (please list): _____	

I certify that all statements I have made on this application are true and correct. I understand that my failure to answer all questions asked by this application, or falsification of any statement made herein, may result in the rejection of my application. I hereby authorize the City of Seguin to investigate the accuracy of this information. I am aware that fingerprinting and/or a background check may be required before placement in some volunteer assignments. I expressly request references who may have information concerning me, to furnish such information to the City of Seguin officials, and agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

I understand that nothing in this volunteer application, in the City's statement of personnel policies, or in my communications with any City employee or official is intended to create an employment contract between the City and me. Accordingly, either I or the City may terminate my at-will, volunteer service at any time with or without cause or notice.

Signature of applicant: Peter Hernandez Date: 2-22-2024

Parent or guardian consent required if applicant is under 18 years of age

Signature of parent or guardian: _____ Date: _____