



Mailing Address:
Kyle PARD
PO Box 40
Kyle, 78640

Lake Kyle Volunteer Program

Name of Applicant: _____ Applicant's Email: _____

Street (Mailing) Address: _____ City: _____ Zip: _____

Phone: _____ or _____ Emergency: _____

I would like to volunteer in any area needed but I am really interested in volunteering in the following (check all that apply):

During the dates of _____ and _____
Month / Day / Year Month / Day / Year

_____ **Office Aide** - Check all the days and times that you can volunteer:

_____ Monday 6am-8am _____ Tuesday 6am-8am _____ Wednesday 6am-8am _____ Thursday 6am-8am _____ Friday 6am-8am
_____ Saturday 6am-10am _____ Saturday 9am-1pm _____ Saturday 12pm-4pm _____ Saturday 3pm-7pm

Summer Only (between Memorial Day Weekend and Labor Day Weekend):

_____ Monday 6pm-dark _____ Tuesday 6pm-dark _____ Wednesday 6pm-dark
_____ Thursday 6pm-dark _____ Friday 6pm-dark _____ Saturday 6pm-dark
_____ Sunday 6am-10am _____ Sunday 9am-1pm _____ Sunday 12pm-4pm _____ Sunday 3pm-7pm _____ Sunday 6pm-dark

_____ **Grounds Maintenance** - Check all the areas that you can volunteer:

_____ Building and maintaining trails
_____ Constructing and erecting park and trail signs
_____ Wildflower and nature preserve maintenance
_____ Fish and wildlife habitat maintenance
_____ Building and facility maintenance

_____ **Education and Instruction** - Check all the areas that you can volunteer:

_____ Fishing
_____ Bird Watching
_____ Geocaching
_____ Camping & Hiking
_____ Special Event Coordinating

_____ **Other** _____

*Applicants for this program are required to consent to a criminal background check. Please complete page 2 of 2 of this form.
An applicant who has been convicted of a criminal offense relevant to the program may be disqualified from consideration for the program.*

CERTIFICATION AND RELEASE OF LIABILITY: I, the undersigned, certify that I am a responsible adult or completing this form for my child participating in this *Lake Kyle Volunteer Program*. I understand that falsification of any information on this form may disqualify me or my child from this program. In consideration of the acceptance of my registration in the *Lake Kyle Volunteer Program*, I hereby release the City of Kyle, the City of Kyle Parks And Recreation Department and their agents, employees, officers, and servants from any and all damages and injuries which may occur while I am participating in the *Lake Kyle Volunteer Program*. I certify that I have the legal authority to execute this release on behalf of myself or my child. I also certify that I have received and read this registration form completely. I understand that the City of Kyle P.A.R.D. staff have the authority to remove participants from the event. **Permission for Photography:** The City of Kyle may use photographs of me or my child to promote the event. **Permission for Equipment Release:** I understand that whatever equipment I bring to the event is at my own risk and the City of Kyle is not responsible for lost, stolen or damaged property.

Signature of Participant: _____ Date: _____



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Authorization and Consent for Disclosure of Criminal History Information

*To be completed by any volunteer applicant that is 17 years of age or older.
Please print clearly on each line.*

In connection with the evaluation of my suitability of volunteer status for the City of Kyle Parks and Recreation Department, I hereby give my consent for the City of Kyle Parks and Recreation Department (PARD) to obtain criminal history information related to my application to volunteer for the City of Kyle PARD. I understand that criminal history information includes any criminal records for deferred adjudication, misdemeanor or felony offenses at age 17 or older. Any such information will be used solely for volunteer-related considerations and not for any other purpose.

I authorize, consent and grant permission to any person or entity to release to City of Kyle PARD or its agent(s) any and all information regarding my criminal history. I waive any and all claims I may have with respect to providing such information. I understand that the City of Kyle PARD and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release the City of Kyle PARD and its agent(s) from any and all liability, claims and lawsuits with respect to the information obtained from any or all the sources used by the City of Kyle PARD and its agent(s).

I understand that this authorization is not an offer of employment by the City of Kyle PARD.

I understand that any false or misleading information I have provided to the City of Kyle PARD may result in a refusal to accept into the volunteer program.

I understand that this authorization is a continuing authorization and will remain valid until such time as I inform the City of Kyle PARD in writing that I revoke this authorization.

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth:

(Month) _____ (Date) _____ (Year) _____

_____ Male or _____ Female

Signature of Participant: _____ Date: _____