



# Smith County Volunteer Program

## One-Time Event Volunteer Application



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

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

DL# \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Club/Organization: \_\_\_\_\_

***In case of emergency please contact:***

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

Phone (cell): \_\_\_\_\_ Phone (other): \_\_\_\_\_

**Continued involvement:**

May we add you to Smith County Volunteer Program email list?  Yes  No

Would you be interested in volunteering on a regular basis?  Yes  No

Would you be interested in volunteering during future special events?  Yes  No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, please state nature of the crime(s), when and where convicted, and disposition of the case:

\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I AUTHORIZE SMITH COUNTY VOLUNTEER PROGRAM TO INVESTIGATE THE ACCURACY OF THIS INFORMATION.

Print Name: Parent/Guardian Name (if under 18): \_\_\_\_\_

Applicant Signature: Parent/ Guardian Signature (if under 18): \_\_\_\_\_

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



# Smith County Volunteer Program

## Release & Waiver of Liability for a one-time volunteer



***Please initial each section and sign the attached form of this agreement. My initials and signature indicate that I have read and understand the information below. By signing this agreement, I agree to perform volunteer services for the Smith County Volunteer Program.***

\_\_\_\_\_ I hereby give the Smith County Volunteer Program full and complete permission to take and use my photograph, digital images, audio, film, interviews or other likenesses of me when I am volunteering. I further agree that Smith County may use, publish, and reproduce such photos of me, with or without my name, for any lawful purpose including publications, advertising, web content or other media activities. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Smith County.

\_\_\_\_\_ I acknowledge that my participation is strictly voluntary and expect no compensation for services provided. I attest that I am physically and mentally fit and prepared for this activity and I will abide by all rules and direction of the sponsors and coordinators. I will not create an unsafe situation for myself or others, nor will I use any tool or engage in any task with which I am not completely comfortable. If I see a situation that I feel is unsafe, I will immediately call it to the attention of a Smith County representative.

\_\_\_\_\_ As a volunteer for Smith County, I recognize and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of facilities or equipment. I hereby waive and relinquish all claims that I or my heirs or administrators may ever have against Smith County and its officers, agents, servants, employees, other volunteers, Elected Officials, and affiliates in connection with my volunteerism.

\_\_\_\_\_ In the event of personal injury or illness as a result of my service to Smith County I will immediately report such occurrences to a Smith County representative. I understand that I am responsible for my own insurance coverage and that Smith County does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I hereby release and forever discharge Smith County from any claim whatsoever which arises related to any first aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Smith County.

\_\_\_\_\_ I understand that serving the public as a volunteer for Smith County provides me with a great responsibility to uphold and protect the constitutional rights, personal privacy, and civil liberties of others, and that maintaining confidentiality is of critical importance in my work. As a part of my duties as a volunteer, I may learn confidential information that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public view. I agree that I shall not violate the confidential interests of ANY Smith County Office or Department, its operations, its investigations, or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by my supervisor. By signing this Agreement, I acknowledge that I will not (at any time) knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order. I understand that any violations of this agreement shall subject me to termination as a volunteer, and may also subject me to possible criminal prosecution.

\_\_\_\_\_ Photography, audio and/or video recording of Smith County documents, employees, inmates, probationers, and customers is exclusively prohibited and I understand that any violations of this agreement shall subject me to termination as a volunteer, and may also subject me to possible criminal prosecution.

\_\_\_\_\_ I am participating as a volunteer through the Smith County Volunteer Program with access to both public judicial records and access to in-house computerized information. I am voluntarily participating and no one has put any pressure on me or required me to do so. I expressly agree that: I will not use any incidental confidential information I may obtain while being in a government building and/or accessing in-house computer information for my own benefit; I will not enter any unauthorized areas or access confidential information; I will not disclose any information to unauthorized third parties; and I will take care to guard the security of the information at all times.



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**I have read and understand this release and enter into this agreement willingly and voluntarily. This shall be considered valid until canceled or changed in writing by the undersigned participant.**

List Any Restrictions: \_\_\_\_\_

\_\_\_\_\_

**I have read and I agree with the terms of this document Date:** \_\_\_\_\_

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

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

Parent/Guardian Name (if under 18): \_\_\_\_\_

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