

CITY OF EL PASO ANIMAL SERVICES SPECIAL PROJECTS VOLUNTEER APPLICATION



Return to:
City of El Paso Service Volunteer Program
5001 Fred Wilson Road
El Paso, Texas 79906
Fax: 915-212-0324
For Questions: Email: lucaslj@elpasotexas.gov or 915-710-1584

Name (please print): _____

Address: _____ Zip Code _____

Cell Number: _____ Email Address: _____

Emergency Contact: _____ Number: _____

Relationship: _____

Name of Organization or School: _____

Sponsor (s) must be present at all times, if student(s) is under 18 years of age.

Dress code: No open-toed shoes, absolutely no shorts, no crop pants, full length pants, no facial piercing, must wear school or organization t-shirt or bring in a picture ID.

Have you been convicted for any crime, including sex-related or child abuse offenses?

No _____ Yes _____ If yes, please attach explanation on the back of this sheet

I have volunteered my services to the City of El Paso Animal Services Volunteer Program. I hereby release the City of El Paso and Animal Services and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability, any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this one day special project work/volunteer and/or event. I certify that my statements in this application and other required forms, are true, and complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with the City of El Paso. I understand that information from my application or resume may be subject release to the public under the Texas Public Information Act.

Signature _____ Date: _____

Parent Signature if under 18 years old _____

Parent Cell Phone Number: _____

Print Name of Parent: _____

Consent and Release from Liability

I, _____ hereby consent to being photographed by agents, employees and
(Print Name)
contractors of the City of El Paso, cable Channel 15 ("Cable 15"), and/or the City of El Paso Animal Service for the production of a City 15 Program that will be cablecast for related social media productions to include social media platforms and website productions and for all purposes related thereto. I further authorize Cable 15, the City of El Paso, the City of El Paso Animal Services, its agents, employees and contractors to copyright, use, reuse and re-publish any still of video photographs of me, as well as any electronic recordings and other social media related productions or illustrations, in whole part. I also consent to the use of my photograph with any printed matter connected therewith.

I hereby waive any right that I may have to inspect and improve and approve the finished product(s) and printed matter that may be unused in connection therewith.

I hereby agree to release and hold harmless City 15, the City of El Paso, its officers, agents, and employees from all liabilities, loses, suits , claims, judgements or demands arising out of use of pictures of other personal information for the purpose set out in this Consent and Release Form.

By signing the Consent and Release Form, I also acknowledge that I have been advised that my participation of any materials by the above mentioned for the purpose set out herein for which my photograph or voice recording might be used is purely voluntary on my part.

I further understand that I will not be compensated in any way for the use of my picture or voice recording and waive any right I might have to compensation.

Signature _____ Date _____

Relationship (if applicable) _____

Witness (if applicable) _____

Address _____

If under 18, Parent signature required:

Parent signature _____ Date _____