



## City of Wichita Falls Animal Services Center

### Volunteer Application

Please Return To:  
1207 Hatton Road  
Wichita Falls TX 76301

The City of Wichita Falls Animal Services Center encourages the participation of volunteers who support the following: to provide a safe, healthy environment for all animals brought to the City of Wichita Falls Animal Services Center, to care for all animals in a humane manner, and to provide the necessary services to the citizens of Wichita Falls.

All potential volunteers will receive an Interview prior to placement. In order to provide as safe a work environment as possible, volunteers will participate in a training program as part of their work experience. If you agree and are willing to be interviewed and trained, we encourage you to complete this application. The information on this form will help us to find the most satisfying and appropriate Job and fit for you.  
**(Please Print)**

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

Address \_\_\_\_\_

Street

City

Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of birth: \_\_\_\_\_ Please contact me by: phone ☐ text ☐ email ☐  
Please check one

Emergency # \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail \_\_\_\_\_

Education: (Circle last year completed)  
College: 1 2 3 4

High School: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
Graduate: Masters Doctorate

Name of College/School \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, what is your work schedule \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Please list special skills, training, interests, or hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

| Name | Relationship | Phone # |
|------|--------------|---------|
|      |              |         |
|      |              |         |

I certify that all of the above information is true and correct to the best of my knowledge. I give my permission to the City of Wichita Falls Animal Services Center to verify any of the information given.

|                     |       |
|---------------------|-------|
| _____               | _____ |
| Volunteer Signature | Date  |

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name

First Name

Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

|                 |                        |          |        |
|-----------------|------------------------|----------|--------|
|                 |                        |          |        |
| *Address        | Apartment or #         |          |        |
|                 |                        |          |        |
| City            | County                 | State    | Zip    |
|                 |                        |          |        |
|                 | - -                    |          |        |
| **Date of Birth | Social Security Number | **Gender | **Race |

\*AS SHOWN ON THE ORIGINAL APPLICATION

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, \_\_\_\_\_ am an applicant for employment/volunteerism with City of Wichita Falls and have been advised that as a part of the application process, the company conducts a criminal history background report that may include, but is not limited to, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to the company's use of any information provided during the application process in performing the background report. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request, I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance, and source of all information. The following are my responses to questions about my criminal history (if any).

1. \_\_\_\_YES \_\_\_\_NO Have you ever been convicted or plead guilty before a court for any federal, state, or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, please provide the details below.

|                        |         |                     |
|------------------------|---------|---------------------|
| State:                 | County: | Date of Offense / / |
| Details of conviction: |         |                     |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

2. \_\_\_\_YES \_\_\_\_NO Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal offense? If yes, please provide the details below.

|                     |         |                     |
|---------------------|---------|---------------------|
| State:              | County: | Date of Offense / / |
| Details of Offense: |         |                     |
|                     |         |                     |
|                     |         |                     |

3. \_\_\_\_YES \_\_\_\_NO Have you ever received probation or community supervision for any federal, state, or municipal offense? if yes, please provide details below.

|                        |       |                     |
|------------------------|-------|---------------------|
| State:                 | Count | Date of Offense / / |
| Details of supervision |       |                     |
|                        |       |                     |
|                        |       |                     |

4. \_\_\_\_YES \_\_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide the details below.

|                        |  |                     |
|------------------------|--|---------------------|
| Country                |  | Date of Offense / / |
| Details of conviction. |  |                     |
|                        |  |                     |
|                        |  |                     |

5. \_\_\_\_YES \_\_\_\_NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide the details below.

|                            |         |                    |
|----------------------------|---------|--------------------|
| State:                     | County: | Date of Arrest / / |
| Details of pending charges |         |                    |
|                            |         |                    |
|                            |         |                    |

THIS SECTION IS TO BE USED TO UST ALL COUNTIES AND STATES  
 OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITYITOWN COUNTY STATE

I, \_\_\_\_\_, for and in consideration of the City of Wichita Falls and the **City of Wichita Falls Animal Services Center** allowing me to participate as a volunteer with the **City of Wichita Falls Animal Services Center**, do hereby RELEASE, ACQUIT, AND FOREVER DISCHARGE THE CITY OF WICHITA FALLS. TEXAS, ITS AGENTS, AND EMPLOYEES OF AND FROM ANY LIABILITY. ACTION, CAUSES OF ACTION, CLAIMS, DEMANDS, OR SUITS WHATSOEVER, WHICH I MAY HEREINAFTER HAVE OR CLAIM TO HAVE, ON ACCOUNT OF, ARISING OUT OF, PERSONAL INJURIES OR DAMAGE TO PERSONS OR

PROPERTY, OR INVOLVING ANY IMPAIRMENT OR DAMAGE TO ANY RIGHT ACCRUING TO ME BECAUSE OF ANY INJURY OR DEATH THAT I MAY HEREAFTER SUSTAIN WHILE IN THE COMPANY OF ANY BUILDING INSPECTIONS OR OTHER CITY EMPLOYEE WHILE IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES.

I am fully aware of all the possible dangers and risks that I may encounter while acting as a volunteer and observing activities of the City of Wichita Falls Animal Services, and I hereby assume all these risks and dangers for any acts, occurrence, or events which could cause injury or death to me and do hereby release the City of Wichita Falls of all liability whatsoever for any injury that may occur to me.

I further warrant that no promise, statement, threat, or agreement not herein expressed has been made, and I fully understand this instrument and execute it with full knowledge of its meaning, having first read it carefully.

This release contains the entire agreement between me and the said City of Wichita Falls, and the terms of this release are contractual.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## CONSUMER DISCLOSURE AND AUTHORIZATION FORM

### Disclosure Regarding Background Investigations

For lawful employment purposes, the City of Wichita Falls may request background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews, the most common form of which is checking personal or professional references.

These background reports may be obtained at any time after receipt of your authorization and if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at 1 - (800) 400 - 2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy - Policy.aspx](http://www.hireright.com/Privacy - Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers, and associates; and other information sources. If the Company should obtain information bearing on your creditworthiness, credit standing, or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company. A summary of your rights under the Fair Credit Reporting Act and certain state-specific notices are also being provided to you.

### Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of

assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state, and local agencies, learning institutions (including public and private schools, colleges, and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials, and licenses.

By my signature below, I also certify that the information I provided on and in connection with this form is true, accurate, and complete. I agree that this form, in original, faxed, photocopied, or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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



Email\_\_\_\_\_

Date of Birth\_\_\_\_\_