

1.

2.

3.

4.

5.

## MADISONVILLE EYES & EARS (MEEP)

## **VOLUNTEER APPLICATION**

## **APPLICANT INFORMATION:**

Name (First, Middle, Last)	Alias (Maiden) Name
Address	Phone Number
Email Address	Date of Birth
Social Security Number	Driver's License Number State
WAIVER/RELEASE OF INFO	RMATION:
l,	, do understand and agree to the following:
benefits, nor am I covered by any we The offer to volunteer employment upon acceptable review of informative record, and proof of valid driver's life I knowingly and voluntarily authorized from various agencies which maintained driving history, criminal history, and agency contacted by the City of Malisted information on this application is applicated liability and responsibility for doing or copy form.  I hereby agree to indemnify, defendemployees or representatives, from of action resulting from the negligible employees or representatives, included.	and consideration of continued volunteer employment is contingent tion including but not limited to criminal background check, driving cense and insurance.  e and consent to allow the City of Madisonville to request information ain records concerning and relating to records that may contain my dicivil history. I hereby authorize without reservation any party or adisonville, as a condition of volunteer employment, to furnish the on and to release and hold harmless all parties involved from any so. This authorization and consent shall be valid in its original, faxed d, and hold harmless the City of Madisonville, including its agents, any and all claims or causes of action, including any claims or causes gence or liability of the City of Madisonville, including its agents, uding, but not limited to, property damage, bodily injury or death ed to my participation in the City of Madisonville Volunteer Program.
Applicant Signature	Date

210 West Cottonwood Madisonville, Texas 77864 Phone (936) 348-2748 Fax (936) 348-3815 www.madisonvilletexas.us