



**Please Return to:**  
 City of Fulshear - Human Resources  
 P.O. Box 279 / 30603 FM 1093  
 Fulshear, Texas 77441  
 Fax: (281) 346-2556

## Volunteer Form

**Name:** \_\_\_\_\_  
Last Name, First Name, Middle Initial

**Date of Birth:** \_\_\_\_\_  
Month Day ## Year ####

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell-Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**What Are You Interested in Doing?**

- Office/Clerical       Manual Labor       General/As Needed
- Educational Opportunity/School Credit       Professional

**Skills:**

- Typing [WPM: \_\_\_\_]       Customer Service       Accounting/Money Management
- Maps/GIS       Maintenance       Yard/Garden
- Filing/Records       Public Health       Emergency Preparedness
- Electrical/Wiring       Software       Computer Hardware
- Graphics/Design       Research/Writing       Electronics Repair
- Event Staff       Photography       Video & Editing

**List Additional Skills:**

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**Availability:**

	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm
Monday:	–	–	–	–	–	–	–	–	–
Tuesday:	–	–	–	–	–	–	–	–	–
Wednesday:	–	–	–	–	–	–	–	–	–
Thursday:	–	–	–	–	–	–	–	–	–
Friday:	–	–	–	–	–	–	–	X	X
Flexible:	–								

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January      February      March      April      May      June  
 July      August      September      October      November      December  
 Flexible

Bear in mind that your work schedule will be on an on-need basis determined by the City. We will compare your availability to our needs.

I agree that any violation of city policies or a violation of city, county, state, or federal laws while in service to the city will result in a review of my service by the City, which will determine whether to bar me from further service or to impose certain penalties.      Initial: \_\_\_\_\_

I understand that I will not receive any form of salary or payment for my service with the City of Fulshear. I also agree that the City is free to determine whether or not (and to what degree) I will receive reimbursement for expenses incurred while serving the city.      Initial: \_\_\_\_\_

I certify that the information in this form is complete and true. Any false information may bar me from being considered for service on any service opportunity on behalf of the City of Fulshear, including service on a board or commission, staffing city events, work with any department of the city, or full or part-time employment by the city or its chartered organizations.

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

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

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