



### Fitness in the Park Instructor Application

Name:  Name of Agency/Organization (if

Date:  Title of Class / Session:

Please provide a brief description of your session:

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Desired Session Location:

I do not have any preference of location. Please assign me to volunteer at any Fitness in the Park location.

Please indicate the specific meeting location within your park location (i.e., next to the basketball courts, in the parking lot, etc.)

Which months will you be teaching Fitness in the Park classes? (Please check all that apply)

February  March  April  May  June  July  August  September  October  November

Please list your proposed session dates and times:

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Are you currently a contract instructor with the Parks and Recreation Department?

Have you participated in the Fitness in the Park program before?

Yes  No If yes, when did you last participate? \_\_\_\_\_

I agree that my participation in the Fitness in the Park program is strictly on a volunteer basis and that all services rendered as part of the Fitness in the Park program are free of charge to all participants. I agree to provide the necessary documentation required to report session attendance throughout the current session. I understand that the City of San Antonio reserves the right to terminate my participation as a volunteer in the Fitness in the Park program at any time. I understand that I am not eligible for monetary instructor incentive rewards if I currently receive compensation from any entity, funding from the City of San Antonio or any other government related grant programs in relation to the services I am providing. I agree to give the City of San Antonio consent to conduct a criminal background check prior to my participation in the Fitness in the Park program.

**Signature of Applicant**

**CITY OF SAN ANTONIO  
ADMINISTRATIVE DIRECTIVE 4.55  
CRIMINAL BACKGROUND CHECKS FOR VOLUNTEER PROCESSING  
Notification and Disclosure for "Sensitive Position"**

In accordance with Administrative Directive 4.55, Criminal Background Checks for Volunteer Processing, the City of San Antonio will conduct Criminal Background Checks as part of volunteer processing. Misdemeanor and Felony convictions will be assessed to include, but not limited to, violations of the Texas Penal Code (TPC); Department of Family & Protective Services (TDFPS); Texas Department of Public Safety (TXDPS); Texas Criminal Code (TCC); Texas Controlled Substance Act (TCSA); other related local, state, and federal legislations; and unsuccessful deferred adjudication revocations.

**Notification and Disclosure**

Volunteer positions have been identified by the City of San Antonio (COSA) as "Sensitive Positions" and have the potential for high risk if filled by individuals with certain criminal convictions. "Sensitive Positions" are positions that require working with or near children as well as the public; dealing with safety and requiring security clearance; and positions of trust.

- The City of San Antonio will conduct a CBC background investigation to obtain criminal conviction history. Based on these results, COSA will evaluate CBC results and determine eligibility, or ineligibility, for placement into a "Sensitive Position."
- Falsification or omission of information on this form violates Administrative Directive 4.55, Criminal Background Checks for Volunteer Processing; and will end consideration of volunteer service.
- Answer all questions truthfully, factually, and completely. If you are unsure of completing required information, petition a formal request from the HR Employee Relation Business Partner for time (not to exceed 10 working days) to obtain the information.
- You must obtain a successful CBC Determination to be placed in a "Sensitive Position," as a volunteer.

**Personal Information (complete all sections)**

**Full Legal Name**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Other Names Used - Aliases, Nicknames, Maiden Names, Names by Marriage**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth		Social Security Number		Sex	<input type="checkbox"/> F	<input type="checkbox"/> M
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**Residential Information (include City, State, Zip Code)**

Current Address

Prior Address if Less Than 5 Years

Prior Address if Less Than 5 Years

Prior Address if Less Than 5 Years

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**Residential Information (include City, State, Zip Code) continued**

List All Out of State Addresses in Past 10 Years

List All Countries You Have Lived in During the Past 10 Years

**Conviction Disclosure**

Have you ever been convicted of a Misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a Felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever served a period of deferred adjudication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you received deferred adjudication, was it terminated unsuccessfully?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently on deferred adjudication, deferred prosecution, or pre-trial diversion for any Misdemeanor or Felony conviction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any pending criminal charges against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**If you answered "Yes" to any of the above questions, provide additional information about each crime below:**

Type of Crime	Misdemeanor or Felony?	Date of Conviction	City and State

**If you answered "No" to any of the above questions, are you stating that you have "nothing to report"?**  YES

**Read and initial each statement below:**

_____	The information I have provided on this form is true, accurate, and complete.
_____	I understand that falsification or omission of information is grounds for refusal of participation as a volunteer.
_____	I understand that COSA will be conducting criminal history background checks.
_____	I understand that these reports will be used for volunteer purposes.
_____	I understand that this acknowledgement is in effect throughout my time as a volunteer with COSA.

**Acknowledgement (read, date, and sign in agreement)**

The information I have provided is true, accurate, and complete.

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

**VOLUNTEER COORDINATOR or HR ERBP**

I have reviewed the volunteer form and everything appears to be completed correctly.

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

**FOR HR USE ONLY**

Eligible to Volunteer       Ineligible to Volunteer

Initials of HR staff that completed CBC \_\_\_\_\_ Date \_\_\_\_\_



**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by City to participate as a volunteer in its activities, I \_\_\_\_\_ (parent or guardian's name) on behalf of myself, my heirs, personal representatives and executors, hereby disclaim, release and waive any and all claims against the CITY for personal injuries or damages to property sustained by Minor or any other person arising out of the PROJECT, including claims and damages arising in whole or in part from the negligence or the CITY, its agents or employees.

IT IS MY EXPRESS INTENT TO RELEASE THE CITY FROM ANY AND ALL CLAIMS ARISING FROM MINOR'S PARTICIPATION IN THE PROJECT REGARDLESS OF WHETHER SUCH CLAIMS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS AGENTS OR EMPLOYEES.

I verify that my son/daughter is age appropriate to volunteer for this project and I, \_\_\_\_\_ as parent/guardian of said minor understand that I must accompany my son/daughter in order for him/her to volunteer OR other authorized custodian accompany my son/daughter in order for him/her to volunteer.

Parent/Guardian's signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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