



Fitness in the Park/Troops for Fitness Instructor Application

Name: Name of Agency/Organization
 (if applicable):
 Date: Title of Class/Session:

Please provide a brief description of your session:

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 basketball courts, in the parking lot, ect).

Which season(s) will you be teaching Fitness in the Park classes? (Please check all that apply).
 Spring (March - May) Fall (Sept - Nov)
 Summer (June - Aug) Winter (Dec - Feb)

Please list your proposed session dates and times:

Please indicate any days off you'll need during your volunteer commitment.

Are you currently a contract instructor with the San Antonio Parks and Recreation Department?
 Yes No If yes, where?

Are you Active Duty or Retired US Military?
 Yes No If yes, which branch?

Have you led classes for Fitness in the Park before?
 Yes No If yes, where?

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 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

F M

Driver’s License or ID number _____

State of Driver’s License or ID _____

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 _____ Department _____ Date _____

FOR HR USE ONLY

Eligible to Volunteer Ineligible to Volunteer

Initials of HR staff that completed CBC _____ Date _____

**CITY OF SAN ANTONIO
DEPARTMENT OF PARKS AND RECREATION
VOLUNTEER AGREEMENT INCLUDING WAIVER AND RELEASE
(FOR INDIVIDUAL VOLUNTEERS and SCHOOL/YOUTH GROUPS)**

The City of San Antonio ("City") on condition of your signing this waiver and affirming the promises and statements contained below, agrees to permit you to participate in volunteer service with the City of San Antonio Parks and Recreation Department. I, _____ acknowledge the following statements are true:

Print Name

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the City; all services are performed at my own risk.

I acknowledge that my participation in volunteering with activities involved in the Project entails known and unanticipated risks that could result in physical or emotional injury, damage to me, to my property, or to third parties. These risks include the following but not limited to: Tripping, falling, scraping, bruising, scratched, bitten by insect or other, sunburn....

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

On behalf of myself, my heirs, personal representatives and executors, I hereby disclaim, release and waive any and all claims against the CITY for personal injuries or damages to property sustained by myself or any other person arising out of my participation in 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 MY 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.

In signing this release and waiver I am relying wholly upon my own judgment, belief and knowledge. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation as a volunteer, I may be found by a court of law to have waived my right to maintain a lawsuit against the City on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

PHOTO RELEASE

I hereby consent to and authorize the City of San Antonio Parks and Recreation Department, its publishers, licensees and assignees, permission to use and reproduce still photographs and /or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.

VOLUNTEER SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMERGENCY NUMBER

EMAIL ADDRESS

See Page 2 for Parent/Guardian waiver if above volunteer is under the age of 18 years old

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

In consideration of _____ (“Minor”) being permitted by City to participate as a volunteer in its activities,
Print Minor's Name

I _____ on behalf of myself, my heirs, personal representatives and executors, hereby disclaim,
Parent or Guardian's Name
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 THE CITY, ITS AGENTS OR EMPLOYEES.

I verify that my son/daughter is age appropriate to volunteer for this project and I, _____ as parent/daughter/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: _____