TRAVIS COUNTY CONSTABLE, PCT 5

DISABLED-PARKING ENFORCEMENT VOLUNTEER PROGRAM APPLICATION

Last Name: _____ First Name: _____ DOB: ____/____/_____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

E-mail: _____

Emergency Contact: _____

Are you at least 18 years of age? _____

Are you a citizen of the United States? _____

Do you reside inside Travis County? _____

Did you graduate from high school or receive a GED certificate? _____

Degree or training acquired: _____

Employment: Company   Address   Dates   Work Experience

_____

Previous volunteer experience/date: _____

Why do you wish to volunteer? _____

_____

Total hours you can volunteer per month: _____ Transportation available? _____

Drivers License No. _____ State: _____ Vehicle license number: _____

WAIVER AND RELEASE OF ALL CLAIMS

We require that volunteers have clear criminal histories. Please sign below to signify your agreement to a criminal background check.

There is inherent risk for personal and/or property damage that may occur whenever a person, acting as a parking enforcement volunteer, issues tickets to persons illegally parked in a disabled reserved parking space. Therefore, individuals chosen and willing to participate as parking enforcement volunteers must agree to sign a separate waiver and release of claims form prior to commencing a training session.

Applicant signature: _____ Date: ____/____/_____

Please return the completed and signed release to:

Office of Travis County Constable, Precinct Five
1003 Guadalupe St.
Austin, TX 78701
Phone: (512) 854-9100