



City of Laredo Ambassador Program Application

A. Personal Information

_____	_____	_____	_____
First Name	Last	D.O.B.	Sex
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____		
Primary Phone No.	Secondary Phone No.		

Personal E-Mail			

B. Employment Information

_____	_____	_____
Employer	Address	Phone No.

C. List Two Personal References

1. _____
Name

Phone No.	Relationship
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2. _____
Name

Phone No.	Relationship
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D. Tell us more about yourself

1. Why are you interested in volunteering?

2. List hobbies, interests and activities which you enjoy:

3. Start date available: _____

4. Please list the times you are available:

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____
Sat. _____ Sun. _____

5. Have you ever been convicted of a misdemeanor or felony? Please check Yes__ No__
If so, please explain:

6. In case of an emergency, whom can we call?

Name: _____

Phone: _____ Relationship: _____

As part of the minimum requirements for all positions with the City of Laredo, including the volunteer ambassador program, a thorough background check is required for all applicants.

Please read the following and place your initials in the space provided.

During the time that I am a volunteer for the City of Laredo and requirements;

_____ I affirm the statements given by me on the Laredo Ambassador application are true and correct.

_____ I understand that in order to continue to be an active Laredo Ambassador I must volunteer in 3 events per year starting on the date I complete the program.

_____ I understand that I will perform my volunteer ambassador responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or official representative of the City of Laredo.

_____ I grant the City of Laredo permission to investigate all facts and statements contained in this application. I hereby authorize any person(s) to furnish any and all information including character, habits, work record, skills, felony/misdemeanor records, or any other pertinent information in their possession. I release all such persons and concerns from any and all liability.

_____ I grant the Laredo Police Department authorization to perform a background check.

_____ I further recognize that if accepted as a Laredo Ambassador volunteer, any confidential information will not be discussed with anyone, including my friends and/or relatives.

_____ I agree not to use tobacco products in any city building or on any city property.

_____ I agree not to consume, use, possess or be under the influence of any illicit drug or alcohol product.

_____ I understand that any conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the City of Laredo will result in dismissal.

_____ I understand that my ambassador assignment with the City of Laredo can be terminated at any time.

_____ I understand that I am obligated to report to my assigned supervisor any information that may affect the records or operations of the City.

_____ I also give the City of Laredo permission to reproduce and publicize pictures or news articles pertaining to my service in the City of Laredo Ambassador Volunteer Program as long as it is not a confidential matter.

_____ In consideration of the City of Laredo allowing me to participate as a volunteer ambassador, and being aware of possible injuries that could occur as a result of that participation, I release City of Laredo officials, employees and agents from any and all claims, injuries and damages incurred by me from my participation as an ambassador. I further agree to indemnify, save and hold harmless the City of Laredo, its officials, employees and agents from any and all claims or causes of action for injuries or damages caused by me, whether in whole or in part, as a result of my participation in the ambassador program.

_____ I understand that I will be issued a Laredo Ambassador blazer during my time in the program which I will be responsible for and will return if dismissed or resigning of the Laredo Ambassador Program. In the event of any damages I will be responsible for the repairs/replacement.

Volunteer Signature: _____

Date: _____