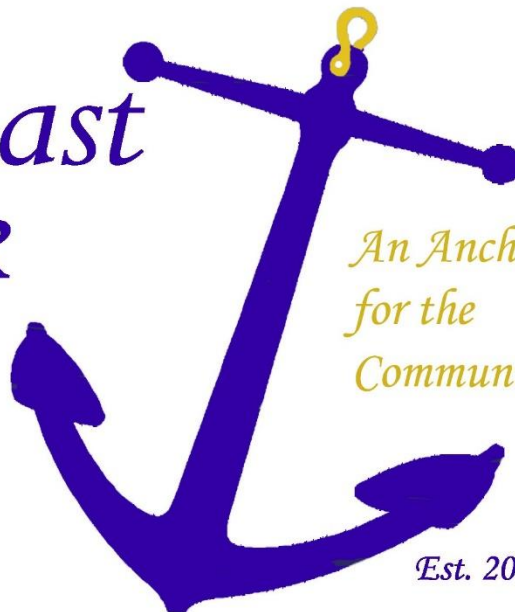


Community Service Work Program Application

*North & East
Lubbock*

*Community
Development
Corporation*



*An Anchor
for the
Community*

Est. 2004

Monique Coleman, MPA, MCRP, Executive Director

NORTH & EAST LUBBOCK CDC P.O. Box 3893 Lubbock, TX 79452 P: (806) 747-5937 F: (806) 747-5934

Community Service Work Program Application



Contact Information

Name:	
Street Address:	
City, ST, ZIP Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	
Current Occupation:	
Speak Other Language? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify:	Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License Number:	DL# State:

Availability

During which hours are you available for community service work assignments?

___ Weekday mornings ___ Weekday afternoons ___ Weekday evenings
___ Weekend mornings ___ Weekend afternoons ___ Weekend evenings

Specify Preferred Work Hours:

Start Date:

End Date:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous community service work, or through other activities, including hobbies or sports.

Previous Community Service Work Experience? Yes No (if no, skip)

Name of Organization:			
Length of Time with Organization:		May we Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Supervisor:			

Summarize your previous community service work experience.

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Person to Notify in Case of Emergency

Name:	
Street Address:	
City, ST, ZIP Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a community service worker, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By my signature, I also agree that NELCDC may conduct a background check, if deemed necessary.

Printed Name:	
Signature:	
Date:	

**North & East Lubbock CDC (“NELCDC”) & Parkway Place Lubbock (“PWPL”), LLC
Community Service Work Program
Release and Hold Harmless Agreement**

For Workers Under 18

I/we, _____, being the parent(s) and/or the legal guardian(s) of, _____ (“the Minor”), do hereby consent to allow the Minor to perform community service work for the NELCDC/PWPL. In consideration of being allowed to perform this community service, I/we do hereby release the NELCDC/PWPL and its officials, officers, agents, servants and employees from liability for any harm, injury or damage which the Minor may suffer, sustain, and/or incur while in the course of performing the assigned community service work. This release applies to all risks which are connected with this work, whether foreseen or unforeseen, and DISCHARGES IN ADVANCE THE NELCDC/PWPL, ITS OFFICIALS, OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY. Some community service work activities may involve an element of risk or danger of accident, and knowing those risks, I/we hereby assume those risks on behalf of the Minor. This waiver, release and assumption of risk applies to damages suffered by the Minor, by myself/ourselves, as well as my/our family, heirs, and assigns as a result of any harm or injury which or I/we may suffer.

I/we agree to defend, indemnify and hold the NELCDC/PWPL and its officials, officers, agents, and employees harmless from any claims, liability judgments, expenses and damage to persons or property resulting from the Minor’s negligence and/or intentional acts, and for any claims, of whatever nature, made by myself/ourselves, my/our family, estate(s), heirs, or assigns arising from the Minor’s community service work for the NELCDC/PWPL.

I/we further assume the responsibility of the physical fitness and ability to perform the work which is assigned to the Minor. If I/we do not feel the Minor is capable of performing the work assignment, I/we shall assume the responsibility of informing the community services work coordinator.

I/we am/are of lawful age and legally competent to sign this release as the legal guardian(s) of _____ and have signed this document as my/our free act. I/we have fully informed myself/ourselves of the contents of this release by reading it by signing it. I/we realize that by signing this document I/we am/are giving up legal rights which I/we may be entitled to.

Worker’s Name

Date

Parent or Legal Guardian (Print & Sign)

Parent or Legal Guardian (Print & Sign)



For Workers Under 18

Emergency Information

In case of serious injury, I give my permission for the NELCDC/PWPL personnel to seek any emergency medical treatment for the Minor, should it become necessary.

In case of emergency, notify: _____

Phone #'s: (Home): _____ (Work): _____

(Mobile): _____ (Other): _____

Do you have any medical condition of which we should be aware?

_____ No _____ Yes

If yes, describe: _____

Photo Release

On behalf of _____ (“the Minor”) I/we hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of his/her likeness, voice and/or activities and further authorize the NELCDC/PWPL, its agents, or, assigns to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I/we understand that I/we/the Minor will not receive any monetary compensation now, or in the future, for participating. I/we do hereby release and hold harmless the NELCDC/PWPL its officers and employees from any claims in this regard.

Worker’s Name

Date

Parent or Legal Guardian (Print & Sign)

Parent or Legal Guardian (Print & Sign)



**North & East Lubbock CDC (“NELCDC”) & Parkway Place Lubbock (“PWPL”), LLC
Community Service Work Program
Release and Hold Harmless Agreement**

For Workers 18 and Older

I, _____, being over the age of 18, am working to perform community service work for the NELCDC/PWPL. In consideration of being allowed to perform this community service, I do hereby release the NELCDC/PWPL and its officials, officers, agents, servants and employees from liability for any harm, injury or damage which I may suffer, sustain, and/or incur while in the course of performing the assigned community service work. This release applies to all risks which are connected with this work, whether foreseen or unforeseen, and **DISCHARGES IN ADVANCE THE NELCDC/PWPL, ITS OFFICIALS, OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY.** Some community service work activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk applies to damages suffered by me, as well as my family, heirs, and assigns as a result of any harm or injury which I may suffer.

I agree to defend, indemnify and hold the NELCDC/PWPL and its officials, officers, agents, and employees harmless from any claims, liability judgments, expenses and damage to persons or property resulting from my negligence and/or intentional acts, and for any claims, of whatever nature, made by myself, my family, estate(s), heirs, or assigns arising from my community service work for the NELCDC/PWPL.

I further assume the responsibility of the physical fitness and ability to perform the work which is assigned to me. If I do not feel I am capable of performing the work assignment, I shall assume the responsibility of informing the community services work coordinator.

I am of lawful age and legally competent to sign this release and have signed this document as my free act.

I have fully informed myself of the contents of this release by reading it by signing it. I realize that by signing this document I am giving up legal rights which I may be entitled to.

Printed Name of Worker

Date

Signature of Worker



For Workers 18 and Older

Emergency Information

In case of serious injury, I give my permission for the NELCDC/PWPL personnel to seek any emergency medical treatment for me, should it become necessary.

In case of emergency, notify: _____

Phone #'s: (Home): _____ (Work): _____

(Mobile): _____ (Other): _____

Do you have any medical condition of which we should be aware?

_____ No _____ Yes

If yes, describe: _____

Photo Release

I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities and further authorize the NELCDC/PWPL, its agents, or, assigns to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now, or in the future, for participating. I do hereby release and hold harmless the NELCDC/PWPL its officers and employees from any claims in this regard.

Worker's Printed Name

Date

Worker's Signature

