



**CITY OF ROYSE CITY  
VOLUNTEER APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_ **Cell phone ( )** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_  
(if applicable)

**Employer address:** \_\_\_\_\_

**Position and Title:** \_\_\_\_\_

**Please indicate the department in which you would like to serve. Indicate order of preference by ranking 1 for your first choice to 11 for your last choice.**

**Clerical – All Departments** \_\_\_\_\_

**Animal Shelter** \_\_\_\_\_

**Library** \_\_\_\_\_

**Parks** \_\_\_\_\_

**Police Department** \_\_\_\_\_

**Senior Center** \_\_\_\_\_

**Museum** \_\_\_\_\_

**Main Street** \_\_\_\_\_

**Fire Department** \_\_\_\_\_

**Planning Department** \_\_\_\_\_

**Other, please list** \_\_\_\_\_

**What qualification would you bring to the City as a Volunteer?**

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**What hours and days are you available to volunteer?**

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**Mutual Confidentiality & Non-Disclosure Agreement**

Confidential Information remains the exclusive property of the City of Royse City and in no form shall be relayed, copied, destroyed, disclosed or removed. This Agreement shall be effective as of the date of the last signature and shall thereafter continue until signer resigns in writing his/hers volunteer status with the City of Royse City Human Resources Director.

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**Applicant Signature**

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**Date**

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**Human Resources Director**

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**Date**