Emma S. Barrientos Mexican American Cultural Center

Official Use Only:	Vol #: _____
	Date Input: _____
	Initials: _____

ESB-MACC VOLUNTEER APPLICATION

The Emma S. Barrientos Mexican American Cultural Center (ESB-MACC) invites the community to partner with us to help in the preservation, creation, presentation, and promotion of Latino and Mexican American cultural arts. Please complete the following application in order to volunteer with us.

Personal Information

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

Occupation: _____ Employer: _____

Shirt Size: _____ Are you a Teen Volunteer? _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Group Information (If you are applying as an individual volunteer, please omit this step.)

If you are applying on behalf of a group or organization, please fill out the following:

Group Name: _____ # of Members: _____

Abilities, Skills and Special Interest

Please specify any preferred volunteer activities you are interested in providing or assisting with at the ESB-MACC.
(ex. Special Events Assistance, Youth Education, Senior Programming, Community Garden, etc.)

_____

_____

Please list any special skills, hobbies or interests that you would like to utilize as a volunteer.

_____

_____

Is there an aspect of our mission that motivates you to want to volunteer with the ESB-MACC?

_____

_____

Do you currently possess any of the following? Check all that apply: ☐ Current TABC Certification ☐ Current Food Handler's Card

☐ Current CPR Certification ☐ Other:_____

Are you bilingual in Spanish or any other language? ☐ Spanish ☐ None ☐ Other: _____

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How did you hear about volunteering with the ESB-MACC?

☐ Flyer/Poster ☐ Social Media ☐ Give Pulse ☐ ESB-MACC Website ☐ ESB-MACC Program/Event ☐ City/Parks Website

☐ ESB-MACC Newsletter ☐ Staff Referral ☐ Volunteer Referral ☐ School/University ☐ Volunteer Match ☐ Walk-In

☐ Other: _____

Availability

Please specify your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Are you volunteering to work for a specific event/program? Yes ☐ No ☐

If so, please specify the name of the event/program and date(s).

Event/Program Name: _____Date(s): _____

Are you volunteering to work for a specific period of time? Yes ☐ No ☐

If yes, please specify the date available: Beginning Date: _____ Ending Date: _____

Background Information

Have you ever been convicted of a crime or have you pled nolo contendere or been granted deferred adjudication within the last ten years? Yes ☐ No ☐

If yes, list all such offenses and state date, name of court and disposition. You may omit minor violations for which you paid a fine of $50 or less.

_____

_____

_____

Volunteer Signature _____ **Date:** _____

Parent Signature if Under 18_____ **Date:** _____

Submit to: MACCvolunteers@austintexas.gov ● **P**: 512.974.3772 ● **F**: 512. 974.3777 ● 600 River St., Austin, TX 78701

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Volunteer Release of Liability

I, _____, effective_____ volunteer to provide the service
Print Name Date

of _____ to the City of Austin Parks and Recreation Department at:
Volunteer Job Title

Emma S. Barrientos Mexican American Cultural Center

Name of PARD Facility or Park

In consideration of volunteer being allowed to provide a service for the City of Austin Parks and Recreation Department, the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or volunteer provides transportation for himself/herself or if his/her child is volunteering, this waiver and release shall extend to and release the volunteer driver or City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Volunteer Signature _____ **Date:** _____

Parent Signature if Under 18_____ **Date:** _____

Volunteers may not

1. Consume alcoholic beverages during their shift and only assigned volunteers may be in the VIP room.
2. Serve or handle any liquor.
3. Operate the Center's golf carts.
4. Handle any of the Center's audio/or visual equipment without ESB-MACC staff assistance.
5. Be left alone with participants age 17 and under.

Volunteers must wear t-shirts/or badge for identification.

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