



Emma S. Barrientos
Mexican American
Cultural Center



ESB-MACC VOLUNTEER APPLICATION

The Volunteer Program invites the community and groups to partner with the Emma S. Barrientos Mexican American Cultural Center (ESB-MACC) to help in the preservation, creation, presentation, and promotion of the cultural arts of Mexican Americans and other Latino cultures. Please complete this application if you are interested in volunteering.

Personal Information

Name: _____ Date of Birth: _____
 Email: _____ Phone: _____
 Street Address: _____ City, State, Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____
 Phone: _____ Email: _____

Volunteer Program Interests

General Volunteer: Teen Volunteer: Volunteer Docent: Volunteer Group / Non-Profit Project:

Group Information

If you are applying as an individual volunteer, please omit this step. If you are applying on behalf of a volunteer group or non-profit organization, please fill out the following:

Group Name: _____ # of Members: _____

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: vanessa.castro@austintexas.gov • P: 512.974.3728 • F: 512. 974.3777 • 600 River St., Austin, TX 78701
Teens submit to: lori.navarrete@austintexas.gov • P: 512.974.3785 • F: 512. 974.3777 • 600 River St., Austin, TX 78701



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Abilities, Skills and Special Interest

Please specify the preferred volunteer activities you are interested in providing the ESB-MACC.

List any specific skills, languages spoken, hobbies/interests you possess that would enhance your volunteer experience.

Availability

Please specify your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Volunteer Signature _____ Date: _____

Parent Signature if Under 18 _____ Date: _____

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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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