## City of Deer Park Application for Appointment to City Boards and Commissions

Name of Board or Commis	sion to which you are oard Trustees	e applying:			
	Recreation Commissi	on			
	nd Zoning Commissi		nent		
	zen Commission	J			
(Composition, term	is, duties and respons	sibilities are outlined	in Policy)		
Namai					
Name:	(Last)	(First)	(Mi	 ddle)	
(=)	(=====)	(= 2.)	(=:==		
Residence Address:					
(St	reet)	(Ci	ty) (Sta	tte) (Zip)	)
Mailing Address: (If differ	rent from above)				
(S	treet)	(City)	(State)	(Zip)	
Duofamad Dhana and Eave					
Preferred Phone and Fax: _	(Phone		(Fa.		—
	(1 none	,	(1 0)	•,	
Email Address:					
Occupation:					
Оссираноп					
Employer:					
Are you a registered voter i	in the City? Yes	s No			
Are you a resident of the C	itv? Yes	No Length of re	esidency:		
, , , , , , , , , , , , , , , , , , ,					
Do you, your spouse or you				ly, in matters that	
might come before the Boa	rd and Commission t	o which you seek ap	pointment?		
Yes No If y	ves, explain:				
<del></del> .	, , <u> </u>				
Do you, your spouse or you		financial interest, di	rectly or indirect	ly, in the sale to t	he
City of any land, materials,	supplies or service?				
Yes No If :	yes, explain:				
					_
Convictions: Have you eve					1 01
ordinance? Yes	No If yes, give de	etans. Do not includ	e traffic violation	S.	

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Name:		
BACKGROUND Education: High School Coll	ege - Course Study:	
Other - explain		
Professional:		
Areas of Interest:		
Position and Dates of Volunteer Experience		
Please specify membership and give title an Corporations, Non-Profit Entities, Agencies Commission that you have held. Additional	, or other Entities on any other government	ards, Commissions,
Organization:		
Title:	Dates:	
Organization:		
Reasons for seeking appointment: Please qualifications for seeking appointment. You		
I have read and understand the instruction that I have made on this application and of authorize the City of Deer Park to invest organization, and I release the City of Deel liabilities arising from such investigation acknowledge that any false statement or min will be cause for refusal of appointment of appointment.	other supplementary materials are true a tigate the accuracy of this information or Park and all persons and organization or the supplying of information fur srepresentation on this application or su	and correct. I hereby a from any person of as from all claims and such investigation. pplementary materials
Signature	 Date	

## City of Deer Park Consent for Felony Background History Authorization/Waiver/Indemnity Form

Each volunteer applicant who is to be screened must sign a consent for felony background history authorization/waiver/indemnity form, giving approval for the City of Deer Park to perform a felony background search.

I authorize any duly authorized agent of the City of Deer Park to conduct a review of and obtain full disclosure of all records relating to my felony background record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used in part to determine my eligibility for a volunteer position with the City of Deer Park. I also understand that as long as I remain a volunteer with the City of Deer Park, the felony background check may be repeated at anytime. I understand that I will have an opportunity to review the background and a procedure is available for clarification, if I dispute the record received.

I, the undersigned, do, for myself, my heirs, my executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Deer Park and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Applicant Name:			
Applicant Address:			
Date of Birth		Social Securit	y #
Driver's License Numb	oer	_ State of Issue	
Signatu	re		Date
			hich witness my hand and seal of
SEAL		Notary Public ii	n and For Harris County, Texas

FILE COMPLETED APPLICATION FORM WITH CITY SECRETARY'S OFFICE BY DEADLINE City of Deer Park - City Secretary Department - P. O. Box 700 - Deer Park, Texas 77536

(Original copy will be on file in the City Secretary's office for 12 months)