



City Council Appointed Advisory Body Application

When completing the application, please attach a copy of your photo ID that includes your DOB and address. Please submit completed application to the City Secretary's Office – 914 South Main Street Copperas Cove, Texas 76522 or email to Lisa Wilson at lwilson@copperascovetx.gov.
For further information call (254)547-4221.

“X” This symbol indicates that a digital or physical signature is required to process the application.

Advisory Body Preference 1: _____

Advisory Body Preference 2: _____

Full Name: _____ City Resident: _____ years
First Middle Last

Residential Address: _____
Street Name City State Zip Code

Primary Phone: _____ Mobile Phone: _____ Date of Birth: _____

Driver's License State/Number: _____ Personal Email: _____

Business Name: _____

Business Address: _____
Street Name City State Zip Code

Business Phone: _____ Business Email: _____

Experience or special knowledge applicable to the Copperas Cove Advisory Body function:

Civic Activities and/or Professional Affiliations:



BACKGROUND HISTORY STATEMENT: Are you currently or have you *ever* been party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made), in which you were charged, convicted, fined, served probation, participated in deferred adjudication or other program to avoid conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (*Conviction will not automatically disqualify applicant*)

No: _____ Yes: _____ If yes, please explain:


NOTE: Please carefully read the following statements. After you have read the statements, please sign and date in the space provided below.

I understand that in the course of my work experience I may come into contact with confidential records and information. I agree to maintain the confidentiality of those materials and guard the private nature of that information, and to disclose such information only on a need to know basis.

I understand and certify the information contained in this application or other material provided to the City of Copperas Cove, and in any oral statement made by me are true and correct. I have not omitted any information and understand false or misleading information given in my application, resume or interviews will disqualify me from further consideration. I understand information disclosed in this process may be disclosed in public meetings and/or may be made available to the public.

I authorize investigation of all statements contained herein and authorize the references I have listed to provide the City of Copperas Cove any and all information concerning information they may have on me, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Copperas Cove.

I further authorize the City of Copperas Cove to conduct a criminal history background investigation as part of this Advisory Body application process. I also agree to provide the City of Copperas Cove with any other authorization or release necessary to complete the required criminal history background investigation to determine my suitability to serve in this capacity.

 _____
Signature Date



REFERENCES: Please provide reference information for three individuals, excluding relatives or past employers.

Full Name: _____ Relationship: _____
Residential Address: _____ Primary Phone: _____
Full Name: _____ Relationship: _____
Residential Address: _____ Primary Phone: _____
Full Name: _____ Relationship: _____
Residential Address: _____ Primary Phone: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____ Relationship: _____
Residential Address: _____ Primary Phone: _____
Full Name: _____ Relationship: _____
Residential Address: _____ Primary Phone: _____

PARENT / GUARDIAN CONSENT: Please complete only if 17 years of age or younger.

_____ has my permission to volunteer for the City of Copperas Cove. I understand that as a volunteer _____ will not receive a financial reimbursement, however his/her services will be considered as regular work experience and that he/she will be expected to dress and conduct himself/herself professionally.

Full Name: _____ Relationship: _____
Residential Address: _____ Primary Phone: _____
Signature: _____ Date: _____



**DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)



Signature of Applicant or Employee

Date

City of Copperas Cove

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	



**RELEASE OF LIABILITY & INDEMNIFICATION
FOR VOLUNTEER WORKERS**

I, _____, acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that the City of Copperas Cove or "City" has put in place preventative measures to reduce the spread of Coronavirus/COVID-19. I further acknowledge that the City cannot guarantee that I will not become infected with Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City Staff, patrons of City services and their respective families. I voluntarily seek to volunteer my services to the City and acknowledge that I may be increasing my risk to exposure to Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while volunteering my services.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- No member of my household tested positive for Coronavirus/COVID-19 in the past 30 days and/or is currently under medical ordered evaluation or isolation for Coronavirus/COVID-19.
- I have not traveled internationally within the last 14 days.
- I do not believe anyone in my household or I have been exposed (spent longer than 6 minutes within 6 feet of someone who was sick with a fever and cough) to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within the past 14 days.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following CDC recommended guidelines and limiting my exposure to Coronavirus/COVID-19.
- I will notify the City if anything listed above changes during my tenure as a volunteer with the City.

I hereby release and agree to hold the City harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the City, or that may otherwise arise in any way in connection with any services provided to the City. I understand that this release discharges the City from any liability or claim that I, my heirs, or any personal representatives may have against the City with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services provided to the City. This liability waiver and release extends to the City together with all employees. **The signature of a Parent/Guardian is required for all applicants 17 years of age or younger.**



_____ Signature	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Printed Name	_____ Date
_____ Witness Signature	_____ Printed Name	_____ Date