



## Love Where You Live Volunteer Application

### City of Baytown Tourism Division

2401 Market Street · Baytown, TX 77520 · (281) 420-7194 · [Tourism@baytown.org](mailto:Tourism@baytown.org)

*Please type or print. Please attach additional pages if needed. A fillable PDF version of this application may be requested from the Tourism office. To join the Volunteer Program for the City of Baytown Tourism Office you must be 18 years of age.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

#### **INTERESTS**

*Please indicate the area(s) in which you are interested in volunteering (check all that apply).*

- ☐ Brunson Visitor Information Center
- ☐ Baytown Tourism Events / Tradeshows
- ☐ Baytown Tourism Community Outreach / Public Speaking
- ☐ Buc-ee's Tourism Kiosk

What do you love about Baytown? Please tell us why you are interested in becoming part of the Love Where You Live Tourism Volunteer Program.

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#### **WORK AND EDUCATION**

*Check all that may apply.*

- ☐ Retired
  - Former job title / occupation \_\_\_\_\_
- ☐ Working
  - Current job title / occupation \_\_\_\_\_
  - Current employer \_\_\_\_\_
- ☐ Not Working
  - If applicable, formerly worked in the field of \_\_\_\_\_
- ☐ Student
  - Field of study \_\_\_\_\_

### **SPECIAL SKILLS AND EXPERIENCE**

Check or list any special background skills you have acquired (check all that apply).

- ☐ Fluency in another language. Please list \_\_\_\_\_
- ☐ Customer Service. Explain \_\_\_\_\_  
\_\_\_\_\_
- ☐ Group/individual tour guide experience or Certified Interpretive Guide (CIG).  
Explain \_\_\_\_\_  
\_\_\_\_\_
- ☐ Docent, informal or formal teaching experiences. Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Other skills or experiences we may be interested in. Explain \_\_\_\_\_  
\_\_\_\_\_

### **AVAILABILITY**

I understand that a minimum of 4 hours per month is required to maintain my volunteer status, unless prior approval is obtained.

I am willing to volunteer a minimum of \_\_\_\_\_ hours per month.

I am available to volunteer starting on (mm/dd/yyyy) \_\_\_\_\_

- ☐ I am available to volunteer until (mm/dd/yyyy) \_\_\_\_\_
- ☐ I am available for an indefinite period of time.

Indicate what days you are able to volunteer by checking all that may apply.

- ☐ All weekdays
  - ☐ Monday
  - ☐ Tuesday
  - ☐ Wednesday
  - ☐ Thursday
  - ☐ Friday
  - ☐ Saturday
  - ☐ Sunday
- ☐ Dependent on another schedule
  - Explain \_\_\_\_\_

Indicate what times you are able to volunteer (Check all that may apply).

- ☐ All times
  - ☐ Mornings
  - ☐ Afternoons
  - ☐ Evenings
- ☐ Dependent on another schedule
  - Explain \_\_\_\_\_

Additional comments about your application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE**

*Please list a reference from work, school or another organization where you have demonstrated work skills or volunteer involvement.*

Name \_\_\_\_\_

Relationship / Connection \_\_\_\_\_

Organization \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**EMERGENCY CONTACT**

*Person to be notified in case of an emergency.*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VOLUNTEER AGREEMENT**

*Please read the following eight (8) statements, initial each, and sign below.*

- I certify that the information contained in this application is correct to the best of my knowledge.
- I give the City of Baytown permission to contact the listed reference.
- I understand that filling out an application does not guarantee acceptance into the volunteer program.
- I understand that I am required to pass a background check before volunteering with the City of Baytown Tourism Office.
- If accepted into the volunteer program, I will adhere to the City of Baytown volunteer standards and procedures.
- If accepted into the volunteer program, I am required to volunteer a minimum of 4 hours per month.
- I understand I will be expected to complete a Volunteer Orientation and Training program.
- I will voluntarily offer my services with a clear understanding that there will be no monetary compensation.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed applications via email to [tourism@baytown.org](mailto:tourism@baytown.org). You may also return the application to the office or send by mail. If you have any questions about this application, please call Sabrina Martin at (281) 420-7194.

**PHYSICAL ADDRESS**

City of Baytown Tourism Office @ City Hall  
Attn: Sabrina Martin  
2401 Market St.  
Baytown, TX 77520

**MAILING ADDRESS**

City of Baytown  
Attn: Sabrina Martin  
P.O. Box 424  
Baytown, TX 77522