CARLOS B. LOPEZ

TRAVIS COUNTY CONSTABLE, PRECINCT 5

Disabled Parking Enforcement Program

Volunteer Application

First Name_____ **Last Name**_____

Address _____

City_____ **State** _____ **Zip**_____

Contact Number(s)_____

Email _____

Are you at least 18 years of age? _____ **Are you a U.S. citizen?** _____

County of residence (this program only covers Travis County) _____

How did you hear about the program? _____

Previous volunteer experience and years: _____

_____

_____

_____

Estimated hours you can volunteer per month _____ **Transportation available?** _____

Driver license number _____ **State**_____ **Vehicle license number** _____

WAIVER AND RELEASE OF ALL CLAIMS

There is inherent risk for personal and/or property damage that may occur whenever a person acting as a parking enforcement volunteer issues tickets to persons illegally parked in a disabled reserved parking space. Therefore, individuals chosen and willing to participate as parking enforcement volunteers must agree to sign a separate waiver and release of claims form prior to commencing a training session. In addition, by signing this release you are also authorizing this agency to perform a criminal background check.

Applicant Signature _____ Date _____

TRAVIS COUNTY COURTHOUSE COMPLEX ◆ 1003 GUADALUPE ST. ◆ AUSTIN, TEXAS 78701

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