



VC360 Application Form



Applicant Information

First Name _____

Last Name _____

Nickname or Preferred Name _____

Date of Birth (MM/DD/YYYY) _____

Email _____

Contact Number _____

Occupation _____

Employer _____

Emergency Contact Name _____

Emergency Contact Number _____

Permanent or Current Address _____

City _____

State _____

Zip _____

Program Interest

Why are you interested in participating in the Victoria County 360 program?

Have you attended similar programs? If so, please list:

Are you an active community member or volunteer? If so, please list organizations:

Are you acquainted with any Victoria County employees or elected officials? If so, list name/relation:



VC360 Application Form
101 N. Bridge St. Victoria, TX 77901
(361) 575-4558



Preferences and Submission

Would you like a copy of your answers emailed to you?

Yes

No

How would you like to submit this form?

Submit Online

Print and Return via Email

Print and Return Physically

Return or Send Completed Applications to:

Email: laurenmeaux@vctx.org

Mail or Drop-off Address:

Victoria Office of Emergency Management

Attn: Lauren Meaux

205 N. Bridge St., Suite B101

Victoria, TX 77901

**VICTORIA COUNTY
WAIVER AND RELEASE**

I, _____, having made a request to Victoria County to participate in the Victoria County 360 Program (the Program) do hereby release and forever discharge Victoria County, its officials, employees and agents of and from any injury that I may sustain or harm I may incur arising out of or in any way related to my participation in the Program. I hereby waive any right I have to make such a claim.

I understand that the Program will possibly include visits to and touring of the Heritage Building, Office of Emergency Management, both Courthouses, the Victoria County Jail, the Victoria Regional Airport, and any additional County offices and facilities.

I understand that this WAIVER and RELEASE is a condition of my participation in the Program.

I understand that if I am injured or suffer any harm arising out of or in any way related to my participation in the Program, I will not be able to make a claim for my injuries against Victoria County, its employees, officials or agents. I agree to accept that risk in order to be able to participate in the Program.

Signed on this the _____ day of _____, 20____.

Print name

Signature