



SCAN VOLUNTEER APPLICATION
(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Date of birth: _____ Gender: _____ Male _____ Female

Have you been convicted or had a deferred adjudication of a felony? _____ Yes _____ No

If yes, please explain: _____

Have you been convicted or had a deferred adjudication of a misdemeanor? _____ Yes _____ No

If yes, please explain: _____

Have you ever had a complaint filed against you with the Department of Family and Protective Services in Texas or any other state? _____ Yes _____ No

If yes, please explain: _____

Educational Background:

Are you a student? _____ Yes _____ No What school do you attend? _____

_____ What grade or year are you in? _____

Have you graduated from High School? _____ Yes _____ No or Completed GED: _____ Yes _____ No

If Yes Date: _____ Have you graduated from college? _____ Yes _____ No Date: _____

Degree: _____ Do you have a graduate degree? _____ Yes _____ No

Date: _____ Graduate Degree: _____

EMPLOYMENT HISTORY

Begin with your PRESENT or most recent employment. Include self-employment, summer or part-time jobs, and military service assignments for the **PAST 15 YEARS**. Please make copies of this page and attach to the application if necessary.

<p>Employer: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>Job Title: _____</p> <p>Supervisor: _____</p> <p>Reason for Leaving: _____</p> <p>Dates Employed: From: _____ To: _____</p>	<p style="text-align: center;"><u>Summary of Work Performed:</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Have you done volunteer work? _____ Yes _____ No If yes, where and what did you do?

What type of work would you like to do here? _____

List any hobbies or interests: _____

What skills, training, or knowledge do you wish to utilize here? _____

Please indicate the program(s) where you would like to volunteer or the services that you would like to provide: _____

Where did you hear about our Agency? _____

When are you available to volunteer and for how long?

Time of day _____ Day(s) of week _____

How often per week/month _____ For how long? _____

Please provide 3 personal or professional references:

1. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Is this a ___ personal or ___ professional reference?

2. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Is this a ___ personal or ___ professional reference?

3. Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Is this a ___ personal or ___ professional reference?

I hereby attest that the above information is true and accurate to the best of my knowledge.

Signature

Today's date

If a minor parental consent is necessary

Signature of Parent

Today's date

****If the applicant is chosen for volunteer work, have them complete the following****

In case of emergency, please contact:

Name: _____ Phone (W) (____) _____ (H) (____) _____

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions): _____

If the applicant is selected for volunteer work, Human Resource Department must complete the following:

Criminal Background Check Submitted: _____ Yes _____ No Date: _____

If Applicable:

Date of Drug Test: _____ Results: _____ Negative _____ Positive

Date of TB Test: _____ Results: _____ Negative _____ Positive

All volunteers must take part in a formal orientation prior to providing services to agency clients/ participants. The orientation training will normally take place during regular work hours Monday through Friday between 8:30 a.m. to 5:30 p.m. The length of the orientation will vary by program. Individuals volunteering to earn supervised counseling hours must volunteer for at least a three (3) consecutive month period in order to receive written verification of hours provided.