



**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/>
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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.