

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home : _____ Cell: _____ Work: _____

E-mail Address: _____

Date of Birth: _____

Have you lived in any other state during the past 3 years? YES NO If yes, where? _____

How did you hear about Family Outreach Corpus Christi?

Our web site Friend Work Church Newspaper TV/Radio Other: _____

Education

High School: _____ Address: _____
Did you graduate? YES NO

College: _____ Address: _____
Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
Did you graduate? YES NO Degree/Certification: _____

First Aid Certificate Yes No If yes, level and date of expiration _____

Food Handlers Certificate Yes No If yes, date of expiration _____

Employment History

Current Employer: _____

Address: _____ Phone: _____

Position: _____ Number of Years: _____

Current & Past Work Experience:

Emergency Contact

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____
Relationship to Volunteer: _____

References

Full Name: _____ Relationship: _____
Mailing Address: _____
Phone: _____



Full Name: _____ Relationship: _____
Mailing Address _____
Phone: _____



Full Name: _____ Relationship: _____
Mailing Address: _____
Phone: _____

Reasons for Choosing Family Outreach

Please use the following space to tell us why you decided to volunteer at FOCC and anything else you would like us to know about you.

Preferred Time of Service: **FROM:** Month _____ Day _____ Year _____ **TO:** Month _____ Day _____ Year _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Criminal Background Check

I understand that Family Outreach Corpus Christi will conduct a criminal background check through the Texas Department of Public Safety to determine if I have been convicted of any misdemeanors or felonies.
At the present time I do not have any indictments or pending charges filed against me for misdemeanors or felonies

Signature: _____ Date: _____

Confidentiality Agreement

I promise that I shall hold in confidence all information regarding callers and clients of Family Outreach Corpus Christi. I will NOT violate the confidential relationships between the Family Outreach Programs, volunteers, clients, and callers of this agency.

I accept full responsibility for maintaining the confidential and private nature of all client records and information. I understand that I am responsible and liable for any violation of this agreement.

Signature: _____

Date: _____

Availability

Monday: ___ Time: _____

Tuesday: ___ Time: _____

Wednesday: ___ Time: _____

Thursday: ___ Time: _____

Friday: ___ Time: _____

Weekends: ___ Time: _____

FOR OFFICE USE ONLY

Application Received (Date & By Whom) _____

Background Check Completed Yes No If yes, when? _____

Child Abuse/Neglect Registry Check Completed: Yes No If yes, when? _____

References Checked: Yes No If yes, when? _____

Signature of Volunteer Coordinator: _____ Date: _____