



Volunteer Application Form

Name: _____

Female ___ Male ___ Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Company/School: _____

Grade Level: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Availability (please circle all that apply):

Weekdays Weekends Evenings Special Events

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

What languages do you speak fluently? _____

Paid work experience: _____

Volunteer work experience: _____

What would you like to learn from your volunteer experience? _____

Have you been convicted of a crime, or pleaded guilty or no contest to a crime, in the past twenty years, or do you have any pending charges? ___ No ___ Yes. If yes, explain.

Advisory: A check of the volunteer applicant’s criminal history will be made to verify the responses to the above questions.

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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“I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of Healthy Futures of Texas, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Healthy Futures of Texas.”

Signature: _____

Date: _____