



## Volunteer Application Form

Name:

Gender:

Cell Phone:

Address:

E-mail:

### Emergency Contact

Name:

Relationship:

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?

What skills would you like to contribute to Healthy Futures of Texas?

Have you ever been convicted of a crime? (You may omit minor traffic offenses and misdemeanors for which probation was completed and the case judicially dismissed)

If yes, please explain:

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

**References:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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 volunteer status may be terminated at any time. In consideration of my 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: \_\_\_\_\_