



120 S. Main Street Ste. 310
 Telephone: (361) 575-7842

Victoria, Texas 77901
 Fax: (361) 575-8218

Volunteer Application
Please Print Legibly

Last Name	First Name	Middle Name	Sex	Date of Birth	Mobile Phone
Address (Street, City, State, Zip Code)			Email Address		
Organization Represented (if applicable)				Home Phone	

Why do you want to be a volunteer?

1. Are you presently employed.....Yes No

If yes, where?
Address
What is your occupation?

2. List previous volunteer experience:

3. Education:

Elementary School Vocational or Technical School High School College Graduate School

4. Have you received any volunteer training? Yes No

If yes, when? _____

What was the subject? _____

5. Indicate time you are willing to serve:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sun	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

6. When can you start?

Do you have a preference for type of service? Yes No

If yes, what?

Would you accept another assignment for which you will receive training?...

Yes No

7. Do you speak any language other than English? Yes No

If yes, what language(s)?

8. Are you fluent in manual communications (deaf)? Yes No

9. List your skills, interests, hobbies, community activities:

10. Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a misdemeanor?

Yes No

If you answered “yes” to either of the above questions, please explain below.
If you leave this blank and you have checked yes, you will not be called.

Do you have community service hours to complete?..... Yes No

If yes, how many hours do you have to complete? _____

• By when do the hours need to be completed? _____

- **Community Service applicants must give us a copy of the timesheet from your Probation Officer to be considered for a volunteer position.**

11. Please list three references (Not *relatives*):

Name	Address	Telephone

Volunteer Agreement

I affirm that the information that I provided is true and correct to the best of my knowledge. _____

I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training. _____

Signature – Volunteer

Date

Signature of Parent or legal guardian

Date

Parent or Guardian Signature must also sign if volunteer is younger than 18 years of age.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Telephone number