

***“The Family Crisis Center envisions
a safe community built on equality
without the existence of violence.”***



VOLUNTEER APPLICATION FORM

**Please fill out this application
For an interview contact Bernie Jackson
512-321-7760**

Family Crisis Center
431 Old Austin Highway
Bastrop, Texas 78602

Personal Information

Last Name: _____ First Name: _____

Driver's License # _____
State _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Alternative Phone _____

Email Address: _____

Preferred method of contact/ time of day _____

Person to Contact in Case Of Emergency: _____

Relationship: _____ Phone: _____

Current Employment Status/Occupation

- Employed
- Retired
- Student
- Other

Occupation _____

Employer: _____

Business phone: _____ May we contact you at work? Yes No

Volunteer Experience

Are you presently a volunteer? Yes No

If yes, where: _____ Position: _____

Have you had a previous experience as a volunteer? Yes No

If so, list organizations and type of work _____

Volunteer Opportunities
(Please check any area of interest)

Administrative

Front Desk Receptionist
Mail outs
Word Processing
Data Entry
Filing
Copying / Collating
Document Translation (English to Spanish)
Some IT

Fundraising

Administrative duties
Pick-ups and deliveries
Set up and take down
Decorating
Registration
Refreshment Stands

Direct Services

Hotline
Specialty Projects

Community Outreach

Community Presentations
Health Fairs
Awareness Observances

Maintenance

Lawn Maintenance
Office repairs & Maintenances
Other special opportunities

Bits & Pieces Thrift Store

Sort clothing, house wares and other items
Hang clothing & stock shelves

Education/Skills

- High School Graduate
- Some College
- College Graduate

Do you speak languages other than English? (Please specify) _____

Do you have other skills or resources to bring to the center?

Availability

Are you willing to volunteer a minimum of 4 hours per week? Yes No

Are you available?

- Mornings Afternoons Evenings
- Weekdays Weekends Holidays

Volunteer Goals

Why are you interested in volunteering with the Family Crisis Center?

How would your skills, hobbies/interest, training or past volunteer/life experiences benefit the Family Crisis Center?

References

Please list two individuals who can be contacted to provide references:

Name: _____ **Phone** _____

Address: _____

Email Address: _____

Name: _____ **Phone** _____

Address: _____

Email Address: _____

I hereby agree that all information provided is true and accurate and I give the Family Crisis Center permission to contact references.

Signature of Applicant _____

Date _____



CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION / WAIVER / INDEMNITY

Department _____

Each **staff member or volunteer** who is to be screened must sign an authorization / waiver / background form, giving approval for the Family Crisis Center to perform a criminal background search.

I hereby give permission for Family Crisis Center to obtain information relating to my criminal history record through The Texas Department of Public Safety. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication's. I understand that this information will be used, in part, to determine my eligibility for an **employment / volunteer** position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify The Family Crisis Center and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a **Volunteer / Staff Member**.

Full Name: _____
Last Name First Name Middle

_____ Sex: Female Male
Date of Birth

Race: (circle one) White / Black / American Indian / Asian or Pacific Islander / Unknown
(*note: for Hispanic/Latino use U in accordance with DPS's database)

Additional Names you might have gone under: _____

Have you ever been **convicted** of a crime and are there **any legal charges pending** against you?
_____ Yes _____ No

If yes, please explain: _____

Applicant's Signature Printed Name of the above signer

Office Use Only: Decision was based on the information provided by the DPS's database on ____