

TEXOMA COMMUNITY CENTER
315 West McLain Street, Sherman, TX 75020 P.O. Box 1087, Sherman, TX 75091-1087
Phone: (903) 957-4865
FAX: (903) 957-3415
VOLUNTEER APPLICATION

SOCIAL SECURITY # _____ DATE _____

NAME _____ SEX _____ DATE OF BIRTH _____
 (Last, First, Middle)

ADDRESS _____ HOME PHONE _____
 (Street, City, State, Zip)

E-mail ADDRESS _____ FAX # _____ MOBILE PHONE _____

DO YOU HAVE A PREFERENCE FOR TYPE OF SERVICE? YES ___ NO ___

CLIENT CONTACT _____ NON CLIENT CONTACT _____ SPECIAL PROJECT _____
 INDIVIDUAL ASSIGNMENT _____ FUNDRAISING _____

WOULD YOU ACCEPT ANOTHER ASSIGNMENT FOR WHICH YOUR WILL RECEIVE TRAINING? YES ___ NO ___

INDICATE THE TIME YOU ARE WILLING TO SERVE:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

WHEN CAN YOU START _____

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE AND/OR VOLUNTEER TRAINING _____

ARE YOU VOLUNTEERING FOR CLASS CREDIT?

Name of School _____ Number of hours needed _____

Instructor's Name _____

ARE YOU COURT APPOINTED?

Probation Officer's Name, Address, Telephone #: _____

HAVE YOU EVER WORKED WITH:

MENTALLY ILL ADULTS _____ INTECTUALLY DISABLED ADULTS OR CHILDREN _____

ARE YOU PRESENTLY EMPLOYED? YES ___ NO ___

If yes, Where? _____

Address: _____ Telephone: _____

What is your occupation? _____

PREVIOUS EMPLOYERS, ADDRESS, PHONE, LENGTH OF SERVICE, JOB TITLE, AND SUPERVISOR.

EDUCATION: ELEMENTARY _____ HIGH SCHOOL _____ VOCATIONAL/TECHNICAL TRAINING _____
 COLLEGE _____ GRADUATE SCHOOL _____ OTHER: EXPLAIN _____

Name of School: _____ Name of College: _____

Was a Degree received: YES _____ NO _____

If so, Degree of Field of Study: _____

LIST YOUR SKILLS, INTEREST, HOBBIES, COMMUNITY ACTIVITIES:

CAN YOU FURNISH TRANSPORTATION FOR YOURSELF? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED BY FEDERAL, STATE, OR ANY OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL, STATE, OR COUNTY MUNICIPAL LAAW, REGULATION OKR ORDINACE OTHER THAN A MINOR

TRAFFIC VIOLATION? YES _____ NO _____

If YES, please describe: _____

ANY CRIMINAL HISTORY WHICH IS A CONTRADICTION TO WORKING AS A VOLUNTEER MAY RESULT IN DENYING APPROVAL OF THE APPLICANT.

PLEASE LIST THREE REFERENCES WITH COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER. (PLEASE DO NOT LIST RELATIVES)

NAME	ADDRESS	TELEPHONE NUMBER

VOLUNTEER AGREEMENT

- I CONSENT TO A CRIMINAL BACKGROUND/HISTORY CHECK.
- I AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- I AGREE TO CONFORM WITH TEXOMA COMMUNITY CENTER RULES AND REGULATIONS TO THE BEST OF MY ABILITY. I AGREE TO RESPECT THE CONFIDENTIAL NATURE OF CASE INFORMATION AS WELL AS MY PERSONAL CONTACTS WITH CLIENTS.
- I AGREEE TO INFORM THE CENTER IF I AM NAMED IN COMPLAINTS OR INDICTMENTS OR CONVICTED OF OFFENSES.
- I UNDERSTAND THAT I WILL BEFIN SERVICE ON A RECIPROCAL TRIAL BASIS AND AGREE TO PARTICIPATE IN ORIENTATION AND TRAINING.
- UNDERSTAND THAT I WILL NOT RECEIVE ANY MONETARY COOMPENSATION FOR MY VOLUNTEER SERVICES.

 SIGNATURE OF VOLUNTEER DATE

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name	Relationship	Address	Phone Number