

APPLICATION FOR A VOLUNTEER POSITION

CRISIS CENTER OF COMAL COUNTY
P.O. BOX 310344
NEW BRAUNFELS, TX 78131-0344
OFFICE (830) 620-7520 FAX (830) 625-2984

NAME _____ DATE _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE _____ WORK PHONE _____

E-MAIL _____ DATE OF BIRTH _____

BEST WAY/TIME TO CONTACT YOU _____

THE NEXT TWO QUESTIONS ARE REQUIRED BY LAW:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR CLASSIFIED AS AN OFFENSE AGAINST THE PERSON OR FAMILY, OR OF PUBLIC INDECENCY, OR A VIOLATION OF THE TEXAS CONTROLLED SUBSTANCE ACT?

CIRCLE ONE: NO YES

IF YES, EXPLAIN: _____

DO YOU HAVE ANY HEALTH PROBLEMS THAT COULD BE CONSIDERED CONTAGIOUS?

CIRCLE ONE: NO YES IF YES, EXPLAIN:

HOW DID YOU HEAR ABOUT OUR NEED FOR VOLUNTEERS? _____

HAVE YOU DONE VOLUNTEER WORK BEFORE? _____

IF YES, WITH WHAT ORGANIZATION AND WHAT WERE YOUR DUTIES?

EDUCATION: 1 2 3 4 5 6 7 8 9 10 11 12 (CIRCLE LAST GRADE COMPLETED)

DEGREE(S) AND/OR AREAS OF SPECIAL INTEREST OR STUDY _____

REFERENCES (NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP)

- 1. _____

- 2. _____

- 3. _____

EMERGENCY INFORMATION

MEDICAL CONDITIONS AND MEDICATIONS ABOUT WHICH YOU WANT US TO

EMERGENCY CONTACTS (NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP)

- 1. _____

- 2. _____

- 3. _____

IN AN EMERGENCY 911 WILL BE CONTACTED

ANY OTHER INFORMATION THAT YOU WOULD LIKE FOR US TO HAVE _____

Please check one of the following:

I AM 18 YEARS OR OLDER _____
SIGNATURE DATE

_____ HAS MY PERMISSION TO PARTICIPATE
IN THE CRISIS CENTER OF COMAL COUNTY VOLUNTEER PROGRAM.

PARENT OR LEGAL GUARDIAN SIGNATURE DATE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSION, OR MISREPRESENTATION ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND MY SERVICES AS A VOLUNTEER MAY BE TERMINATED AT ANY TIME. I ALSO AGREE THAT IF I AM SELECTED TO SERVE AS A VOLUNTEER THAT I WILL ABIDE BY THE POLICIES ESTABLISHED BY THE CRISIS CENTER OF COMAL COUNTY AND AM WILLING TO TAKE DIRECTION AND SUPERVISION BY THE CENTER STAFF. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE DIRECTIVES IS GROUNDS FOR TERMINATION FROM VOLUNTEER SERVICES.

VOLUNTEER SIGNATURE

STAFF SIGNATURE

DATE

DATE

BACKGROUND CHECK

All volunteers participating in direct client services will have a background check completed before they may begin direct service training. Background checks will be completed through the State of Texas and will be provided free of charge to volunteers. The signature below authorizes the Crisis Center of Comal County to run a criminal background check on the volunteer submitting this application.

VOLUNTEER SIGNATURE

DATE