

Date: \_\_\_\_\_

# Volunteer Application

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Emergency Contact / Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_

## I. Skills and Interests

1. Educational Background \_\_\_\_\_
2. Current Occupation \_\_\_\_\_
3. Hobbies, skills, interests \_\_\_\_\_
4. Previous Volunteer Experience \_\_\_\_\_

## II. Preferences in Volunteering:

1. Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Working one-on-one with a single client                    | <input type="checkbox"/> No Preference                            |
| <input type="checkbox"/> Working directly with staff person as an assistant         | <input type="checkbox"/> Providing services to several clients    |
| <input type="checkbox"/> Helping around the office in general administrative duties | <input type="checkbox"/> Doing Public speaking, fundraising, etc. |
| <input type="checkbox"/> Doing research, training or an individual project          | <input type="checkbox"/> Working occasionally on group project    |

Other \_\_\_\_\_

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply)

- |  |                                       |                                  |   |
|--|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Adults       | <input type="checkbox"/> Seniors | <input type="checkbox"/> Teens                    |
| <input type="checkbox"/> Children      | <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Females | <input type="checkbox"/> People with Disabilities |

Other \_\_\_\_\_

3. Are there any groups with which you would not feel comfortable working?

- No  Yes

### III. Availability

1. At what times are you interested in volunteering ?

- Am flexible                       Prefer weekdays                       Prefer evenings ?  
 Prefer weekends                       Prefer days                       Other

2. Do you have a geographic preference as to where you do volunteer work?

- No                       Yes

3. Do you have access to an automobile you can use for volunteer work?

- No                       Yes

### IV. Background Verification

1. Have you ever been convicted of a criminal offense?

- No                       Yes

2. Have you ever been charged with neglect, abuse, or assault?

- No                       Yes

3. Has your driver's license ever been suspended or revoked in any state?

- No                       Yes

4. Do you use illegal drugs?

- No                       Yes

5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work

- No                       Yes

6. Please list two non-family references that we might contact:

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

7. How did you hear about us?

- Agency Client                       Newspaper advertisement                       Unemployment Workforce  
 Referred by a friend/volunteer                       Flyers                       Presentation  
 Community Services                      Other \_\_\_\_\_

# Déjà vu Volunteers

Give this to Déjà vu staff to keep on file at the store until you have completed your volunteer hours. Remember to ask for and get this form back and return it along with your other official paper(s) to the volunteer coordinator when you have completed your hours.

Name : \_\_\_\_\_

Date Started : \_\_\_\_\_

Date Ended : \_\_\_\_\_

Name of person and phone number of who sent volunteer :

Name : \_\_\_\_\_ Number : \_\_\_\_\_

I \_\_\_\_\_ will be doing my volunteer hours at the Déjà vu thrift store. I may turn in hours once a week or before the end of the month. It is my responsibility to let the volunteer coordinator know when I have completed my hours, or otherwise they will not count. The volunteer coordinator will stamp my official paper and sign it or the hours will not count. I will be responsible for the following information provided to me by staff at Déjà vu and behave in a professional and respectful manner while providing services to the community.

Again, this form is to be turned in with my official paper(s) at the end of my volunteer service at the Déjà vu.

Volunteer Signature : \_\_\_\_\_

Witness / Coordinator : \_\_\_\_\_

FAMILY CRISIS CENTER of the BIG BEND  
606 N. 5<sup>th</sup> ST.  
P. O. Box 1470 Alpine, Texas 79830  
432-837-7254 / Fax : 432-837-1303

## Background Check

I \_\_\_\_\_ hereby authorize Family Crisis Center of the Big Bend, Inc. to obtain information pertaining to any charges and / or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes related to the Family Code and will be gathered from any law enforcement agency of this state or any state of federal government, to the extent permitted by the state and federal law.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Social Security or Identification Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

State of Issuance \_\_\_\_\_

Name of Screening Agency \_\_\_\_\_

Screening Agent Signature \_\_\_\_\_

# **Family Crisis Center of the Big Bend FCCBB**

## **Agreement of Confidentiality Volunteers**

The FCCBB is committed to the safety and welfare of its clients. The FCCBB is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety.

Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled, and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- (1) Communications, information and observations made by and between or about adult and child clients, staff, volunteers, student interns, and board members;
- (2) Addresses of employment, residence, and family addresses of clients (including nonresidents), staff, volunteers, nonresidents, student interns, and board members;
- (3) Names of residents, nonresidents, staff, student interns, and volunteers unless written permission is provided by the individual and approved by the Executive Director;
- (4) Photographs taken of clients, staff or volunteers.

Employees must never release confidential information, either over the phone or in person, about the FCCBB and its clients without the express permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters, or other interested parties.

I have read the FCCBB's Agreement of Confidentiality and agree to abide by its conditions of confidentiality. I understand that these conditions apply to me as an employee of FCCBB and continue to be binding on me when I leave the FCCBB, and that a violation may be grounds for termination of employment.

Name \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_