

VOICES ADVOCATING FOR CHILDREN

708 W. Shoemaker Suite A Decatur, Texas 76234

940-626-8139 office 940-626-8140 Fax

VOLUNTEER APPLICATION

Date _____

Name _____

Address _____

Home: _____ Cell _____ Fax _____

E-mail _____

Male _____ Female _____ Ethnicity (optional) _____

DOB _____ SS# _____

Do you have a Driver's License and access to transportation? _____ Yes _____ No

Driver's License Number and State _____

Do you have liability insurance on your vehicle? _____ Yes _____ No

EMPLOYMENT INFORMATION

Full Time _____ Part-time _____ Retired _____ Student _____ Not Employed _____

Place of Employment _____

Address _____

Phone _____ Fax _____

Position _____ Supervisor _____

May you be contacted at work? _____

Education

_____ Some High School

_____ Some College

_____ GED

_____ College Graduate

_____ High School Graduate

_____ Post-Graduate

_____ Currently Attending College

_____ Full-time

_____ Part-time

VOLUNTEER ACTIVITIES

Please list any other volunteer work you are currently doing or have done in the past.

REFERENCE CHECKS

Since we are a program providing services to children, we are required to check CPS, criminal and sexual offender status. We are also required to check personal references to complete the background information. Please provide three personal references that are not relatives. VOICES will contact these references by mail, and a copy will be kept in your confidential volunteer file.

1. Name _____

Address _____

Home # _____ Cell# _____

E-mail _____

Relationship _____ Years known _____

2. Name _____

Address _____

Home # _____ Cell# _____

E-mail _____

Relationship _____ Years known _____

3. Name _____

Address _____

Home # _____ Cell# _____

E-mail _____

Relationship _____ Years known _____

EMERGENCY CONTACTS

1. Name _____

Address _____

Phone(s) _____ home _____ work _____ cell _____

Relationship _____

2. Name _____

Address _____

Phone(s) _____ home _____ work _____ cell _____

Relationship _____

The undersigned acknowledges and agrees that:

- 1. **Submitting the information on this application allows VOICES to perform background checks regarding CPS and Criminal history, Sex Offender status, as well as personal references to ensure the safety of the children served.**

I have truthfully responded to all of these questions in this application:

Applicant's Signature

Date

Please include the following with your application:

_____ Copy of Social Security Card

_____ Copy of Driver's License

_____ Copy of Insurance Liability Card

Equal Opportunity Statement: VOICES Advocating for Children will implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender or national origin.