

# VOICES ADVOCATING FOR CHILDREN

129 Bennett Road Decatur, Texas 76234

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

## VOLUNTEER/MENTOR 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.

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**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.