



Volunteers must be at least 18 years old (16 years old with parent consent)

INFORMATION (ALSO USED FOR PURPOSES OF MANDATORY BACKGROUND CHECK AND SCREENINGS)

FIRST NAME:	MIDDLE NAME	LAST NAME	
TITLE (SELECT ONE): <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.		SUFFIX (IF APPLICABLE):	
OTHER NAMES USED: (MARRIED, MAIDEN, ETC.)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
IF DIFFERENT FROM ABOVE LIST EACH CITY, STATE, AND OUT OF STATE RESIDENTIAL ADDRESS YOU'VE USED IN THE PAST (5) YEARS		RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____	
HOME PHONE:	CELL PHONE:	EMAIL:	
SOCIAL SECURITY # <i>(Copy of card also required)</i>		DATE OF BIRTH:	
DRIVER'S LICENSE # <i>(Copy of license also required)</i>		LICENSED STATE:	
EMPLOYER (IF CURRENTLY EMPLOYED):		WORK #:	
POSITION/TITLE:		EXTENSION #	

AVAILABILITY (INDICATE YOUR SCHEDULE PREFERENCE BY CHECKING THE APPROPRIATE BOXES)
 BUSINESS HRS (9AM – 5PM) | AFTER HRS (AFTER 5PM) | WEEKENDS (SAT/SUNDAY 10AM-6PM)

PROGRAM AND VOLUNTEER/INTERN INTEREST (SELECT AT LEAST TWO)

OUR CLIENTS: <i>We serve a diverse population of children, youth and families primarily from Texas and the United States, but also from other countries.</i>			
<input type="checkbox"/> CHILDREN AND FAMILIES	<input type="checkbox"/> ADOLESCENTS (JR HIGH HIGH SCHOOL)		
<input type="checkbox"/> ON-SITE SCHOOL	<input type="checkbox"/> CHILDREN (ELEMENTARY SCHOOL AGE)		
VOLUNTEER OPPORTUNITIES:			
<input type="checkbox"/> ADVOCACY	<input type="checkbox"/> MENTOR	<input type="checkbox"/> TUTORING	<input type="checkbox"/> ARTS & CRAFTS <input type="checkbox"/> COORDINATOR
<input type="checkbox"/> GENERAL OFFICE WORK	<input type="checkbox"/> TRANSLATOR	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> HOST HOME
<input type="checkbox"/> COMMUNITY OUTREACH	<input type="checkbox"/> DRIVER/TRANSPORT	<input type="checkbox"/> SPECIAL ONE TIME PROJECT	
<input type="checkbox"/> COOK	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> GARDENING	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> CLOTHING ROOM	<input type="checkbox"/> PAINTING	<input type="checkbox"/> EVENTS	<input type="checkbox"/> EXERCISE
		<input type="checkbox"/> CRISIS RESPONSE	

RETURN TO: VOLUNTEER SERVICES – PO Box 2600, GALVESTON, TX 77550
 EMAIL CWHITE@TCC1878.ORG | F: 409.765.6094 | O: 409.765.5212 X3002

INTERNSHIP OPPORTUNITIES: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		
<input type="checkbox"/> Clinicians <input type="checkbox"/> Case Manager <input type="checkbox"/> Education	<input type="checkbox"/> Human Resources <input type="checkbox"/> Tech Support <input type="checkbox"/> Accounting	
<input type="checkbox"/> Child Life <input type="checkbox"/> Social Work <input type="checkbox"/> Counseling		
GENERAL BACKGROUND/EDUCATION		
HIGH SCHOOL DIPLOMA <input type="checkbox"/> Yes <input type="checkbox"/> No	UNIVERSITY/COLLEGE COMPLETED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list school and concentration:	
Level: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student	Area of Study:	
DEGREE/TRAINING/CERTIFICATE/PROFESSIONAL LICENSES:		
I AM FLUENT IN THE FOLLOWING LANGUAGE(S): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
SPEAK _____ READ _____ WRITE _____		
TRANSPORTATION (If your volunteer role requires driving; you are required to submit the following):		
<input type="checkbox"/> VALID TEXAS DRIVER'S LICENSE <input type="checkbox"/> PROOD OF LIABILITY INSURANCE <input type="checkbox"/> TX SAFETY DRIVING RECORD		

OTHER: HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN:
(A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO VOLUNTEERS).

REFERENCES: PROVIDE (3) LETTERS OF REFERENCE OR (3) PERSONAL / PROFESSIONAL CONTACTS, INCLUDING PHONE NUMBER AND OR EMAIL ADDRESS. (APPLICATION WILL NOT BE COMPLETE UNTIL REFERENCES ARE PROVIDED). Submit to cwhite@1878.org References should answer the following questions:

1. How long have you known the applicant? What are his/her strengths?
2. What is the applicant's ability to work with others, including homeless children, youth and families?
3. Is there any reason that you know of why this person should not be a volunteer at this time?

How did you learn about The Children's Center, Inc.? _____

PLEASE READ CAREFULLY: Volunteer placement is based on the needs of our organization, the kind of work you wish to do and the times you are available in hopes of providing a meaningful volunteer experience. Please note the volunteer process can take up to 90 days to complete. Volunteer requirements:

- You must be at least 18 years old, or 16 with parent consent.
- You must commit a minimum of two hours per scheduled day.
- You must have up-to-date vaccinations, including tuberculosis and other infectious diseases.
- You must attend our program outreach session and training(s) required according to your volunteer/intern role.

CERTIFICATION – AUTHORITY FOR RELEASE

I certify that these statements are true, complete, and correct to the best of my knowledge; made in good faith, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I hereby give The Organization permission to conduct a background check as well as contact other individuals and organizations deemed necessary in determining my volunteer eligibility.

Applicant Signature: _____ Date: _____

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