

VOLUNTEER APPLICATION



PO BOX 310344- New Braunfels, Texas 78131-0344
P: 830.620.7520 F: 830.625.2984

VOLUNTEER INFORMATION

Date:

LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

Date of Birth:

QUESTIONS:

The first two questions below are required by law:

1) 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?

Choose
One

Yes
NO

If yes, Explain:

2) Do you have any health problems that could be considered contagious?

Choose
One:

Yes
No

If yes, Explain:

3) How did you hear about our need for Volunteers?

4) Have you done volunteer work before?

If Yes, With what organization and what were your duties?

5) What was your 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:

Emergency Contact: (Name, Address, Phone Number, Relationship)

OTHER INFORMATION: (Anything else you would like us to know/ have on file)

Is a friend or Relative currently receiving services from the Crisis Center?

Yes

No

If Yes, who?

BACKGROUND CHECK

All volunteers are required to furnish the Crisis Center of Comal County with a criminal background check done through the Texas Department of Public Safety prior to volunteering. The Signature below authorizes the Crisis Center of Comal County to run an additional criminal background check on the volunteer submitting this application at any time should the agency believe it to be necessary.

Volunteer Signature

Date:

Please check one of the following:

I am 18 years or Older

Minor has my permission to participate in the Crisis Center Of Comal County's Volunteer Program

Parent Name:

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 rejects 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: