



Volunteer Application

CONTACT INFORMATION

Last name: _____ First: _____ MI: _____

Primary phone: _____ Secondary: _____

Email: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ DOB: ____/____/____ Check box if 21 or older

BACKGROUND

Other than minor traffic offenses, have you ever been (1) convicted of a crime (misdemeanor or felony) or (2) received a probated sentence (including deferred adjudication) for an alleged crime or (3) been assigned a probation office, or (4) pleaded guilty, no contest, or nolo contendere to an alleged crime? A yes answer response will not necessarily disqualify an applicant from volunteering.

YES if any NONE of the above

If yes, please explain. Attach additional pages if necessary: _____

EDUCATION / PROFESSIONAL EXPERIENCE

Highest level of education/ degree: _____

Special training or experience to offer organization: _____

Are you bilingual? If yes, list languages _____ CPR Certified

AVAILABILITY

Sun Mon Tue Wed Thurs Fri Sat

Times Available: Morning Afternoon Evening

- **Must be able to volunteer 4 hours per month.**

EMERGENCY CONTACT INFORMATION

Emergency contact: _____ Phone#: _____

Contact relationship to you: _____

VOLUNTEER & COMMUNITY PROJECTS

Tell us about previous volunteer experience and community involvement if any.

| Agency / Organization | Position | Dates |
|-----------------------|----------|-------|
| | | |
| | | |

REFERENCES

References cannot be family members or someone that you reside with, and must be 18 years old or older

| | | | |
|------------------|-------|--------|------|
| Reference Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Relationship: | | Phone: | |

| | | | |
|------------------|-------|--------|------|
| Reference Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Relationship: | | Phone: | |

| | | | |
|------------------|-------|--------|------|
| Reference Name: | | | |
| Mailing Address: | City: | State: | Zip: |
| Relationship: | | Phone: | |



I verify that the information provided is accurate to the best of my knowledge. I authorize RMHC-CC and its agents to conduct a background check and verify all information provided on this application. I RELEASE RMHC OF CORPUS CHRISTI AND ALL PERSONS AND COMPANIES FROM ANY CLAIMS, LIABILITIES OR DAMAGES FROM OBTAINING OR FURNISHING INFORMATION ABOUT ME.

Signature: _____ Date: _____

| | | | |
|-------------------------------------------|-------------------------------------------------|------------------------------------------------|-----------|
| FOR OFFICE USE ONLY: | | | |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Flu Shot (if required) | <input type="checkbox"/> TB Test (if required) | Initials: |