**Volunteer Application**

THE HAVEN

FAMILY SHELTER OF MCCULLOCH COUNTY, INC.

P.O. BOX 310 BRADY, TEXAS 76825

325-597-7644

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| --- |
| **CONTACT INFORMATION** |
| Name: |
| Address: |
| Contact Numbers: Home: |
| Email Address: |
| Gender: Male or Female |
| Date of Birth: |
| Race: |
| Education: |
| Employer: Job Title: |
| Marital Status: Name of Spouse/Partner: |
| Driver’s License Number:  |

|  |
| --- |
| **PERSON TO NOTIFY IN CASE OF AN EMERGENCY** |
| Name: |
| Street Address: |
| Home Phone: |
| Work Phone: |

Have you been convicted within the previous ten years of any felony or misdemeanor or are you currently under indictment? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AVAILABILITY**

During which hours are you available for volunteer assignments?

\_\_\_ Weekday Mornings \_\_\_ Weekend Mornings

\_\_\_ Weekday Afternoons \_\_\_ Weekend Afternoons

\_\_\_ Weekday Evenings \_\_\_ Weekend Evenings

**SKILLS AND INTEREST**

1. Please indicate which role you prefer to contribute to our organization. Please check all that apply

\_\_\_ Occasional Volunteer \_\_\_ Use personal skills

\_\_\_ Active Volunteer \_\_\_ Try New Areas of Interest

\_\_\_ Frequently Attend Events \_\_\_ Work that is Active

\_\_\_ Work with Others \_\_\_ Work that is Minimal

\_\_\_ Coordinate Projects

1. The following are general activities within our organization. Please indicate your interest level to be involved in each area.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Not Interested** | **Interested** | **Very Interested**  |
| Board of Directors |  |  |  |
| Fundraising |  |  |  |
| Event Coordinator |  |  |  |
| Special Projects |  |  |  |
| Hotline Volunteer |  |  |  |
| Donations Assistance |  |  |  |
| Children’s Services |  |  |  |
| Transportation |  |  |  |
| Emer. Bedroom Cleaner |  |  |  |
| Public Speaking |  |  |  |
| Hosting Parties |  |  |  |
| Clerical Duties /General Admin.  |  |  |  |
| Health Advocate |  |  |  |
| Teaching & Education |  |  |  |

1. Our organization requires many different skills and we would like to add yours. Please rate your skill in each of the following areas.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **None** | **Beginner** | **Intermediate** | **Advanced** |
| Organization |  |  |  |  |
| Communication |  |  |  |  |
| Decorating |  |  |  |  |
| Cleaning |  |  |  |  |
| Leadership |  |  |  |  |
| Office Work |  |  |  |  |
| Mentoring |  |  |  |  |
| Hostess |  |  |  |  |
| Giving Presentations |  |  |  |  |
| Working w/ Children |  |  |  |  |
| Task Oriented |  |  |  |  |
| Computer Knowledge |  |  |  |  |
| Multi-task  |  |  |  |  |

**PREVIOUS VOLUNTEER EXPERIENCE**

Summarize your previous volunteer experience.

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result I my immediate dismissal.

|  |  |
| --- | --- |
| **Name (Printed)**  |  |
| **Signature** |  |
| **Date** |  |

**CRIMINAL BACKGROUND CHECK RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize The Haven Family Shelter of McCulloch County, INC. to investigate my background as part of the screening process to determine my eligibility as a potential volunteer. I understand that not all applicants who apply to be a volunteer are chosen to participate in the program and that The Haven Family Shelter of McCulloch County, Inc. reserves the right to deny an applicant into the volunteer program for any reason. As a prospective volunteer, I understand that a background check may be conducted for conviction information only. The existence of a criminal record will not necessarily affect my volunteer status. I understand that the information requested in this application will be used only for the purpose of determining suitability as a volunteer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Volunteer Signature Date

**VOLUNTEER CONFIDENTIALITY STATEMENT**

This is to state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has read the following confidentiality statement.

At no time shall a volunteer divulge the identity of any person, presently or formerly, residing in the shelter or any person receiving services from The Haven. The location, interior layout, and security system should never be discussed with anyone. All records of each client shall be inaccessible and held confidential except to thse staff members and volunteers who have direct client involvement. Violation of this policy may result in termination of volunteer services with The Haven.

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Prospective Volunteer Signature Date