



Promoting Behavioral & Developmental Health

Date received	_____
MVR	_____
CANRS	_____
Criminal History	_____
Approved or Denied	_____
For office use only	

VOLUNTEER APPLICATION

PROGRAM SITE _____

Thank you for your interest in the volunteer opportunities at West Texas Centers. From the list below, please check the volunteer assignment(s) which most interest you.

MENTAL HEALTH SERVICES

- Clerical
- Direct Care
- Social Security Designated Payee
- Transportation
- Crisis Hotline
- Other _____

INTELLECTUAL AND DEVELOPMENTAL SERVICES

- Student Nurse / Internship
- Fund Raising / Special Event
- Speakers Bureau
- Party / Social Organizer
- Trustee or PAC member
- Other _____

NAME _____

DATE OF BIRTH ____ / ____ / ____ SOCIAL SECURITY NUMBER ____ - ____ - ____

STREET ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

ARE YOU CURRENTLY EMPLOYED? YES NO If yes, are you FULL TIME PART TIME

NAME OF EMPLOYER _____

EDUCATION: HIGH SCHOOL _____ COLLEGE _____ OTHER _____

ARE YOU VOLUNTEERING FOR COLLEGE CREDIT? _____ HOURS REQUIRED _____

NAME OF SCHOOL OR COLLEGE _____ INSTRUCTOR _____

Please explain any experience with the mentally disabled, any previous volunteer experience, any previous applicable work experience, any affiliation with community organizations. (Attach a separate sheet if necessary)

Please list two personal references other than family:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

Please list any special skills, training and/or abilities (including bilingual):

IN MY OPINION, I AM PHYSICALLY AND EMOTIONALLY CAPABLE TO VOLUNTEER FOR WTC. YES NO

In the table below, fill in the time(s) you are available to volunteer:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

IS THIS: circle one WEEKLY EVERY OTHER WEEK MONTHLY LESS OFTEN?

CAN YOU PROVIDE TRANSPORTATION FOR YOURSELF? YES NO OTHERS? YES NO

DO YOU HAVE A VALID TEXAS DRIVER'S LICENSE? YES NO LICENSE NUMBER _____

DO YOU MAINTAIN MINIMUM AUTO LIABILITY INSURANCE COVERAGE REQUIRED BY STATE LAW? YES NO

State law requires that we conduct a criminal history records information check on every employee or prospective volunteer. This is done through NCIC and the Texas Department of Public Safety. Certain misdemeanor or felony convictions disqualify an applicant.

I UNDERSTAND THAT MY NAME, DATE OF BIRTH, SEX AND RACE WILL BE SUBMITTED FOR THE PURPOSE OF A CRIMINAL HISTORY RECORDS CHECK BEFORE I AM ALLOWED TO BEGIN VOLUNTEER WORK. _____ INITIAL HERE

RACE (circle one) WHITE BLACK HISPANIC OTHER _____ SEX: M F

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT: (please list two people)

NAME (please print) ADDRESS PHONE

NAME (please print) ADDRESS PHONE

I AGREE TO CONFORM TO THE WEST TEXAS CENTERS FOR MHMR AND VOLUNTEER SERVICES POLICIES AND PROCEDURES TO THE BEST OF MY ABILITY. I UNDERSTAND THAT MY VOLUNTEER ASSIGNMENT IS SUBJECT TO THE APPROVAL OF THE SITE SUPERVISOR AND THAT I BEGIN ON A TRIAL BASIS FOLLOWING VOLUNTEER ORIENTATION, TRAINING AND CRIMINAL HISTORY CLEARANCE.

I UNDERSTAND THE CONFIDENTIAL NATURE OF THE BUSINESS HERE AND AGREE TO MAINTAIN THE CONFIDENTIALITY OF THE PEOPLE SERVED BY WEST TEXAS CENTERS FOR MHMR.

ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF VOLUNTEER APPLICANT DATE

PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR SOCIAL SECURITY CARD, DRIVER'S LICENSE AND YOUR AUTO LIABILITY INSURANCE IF YOU WILL BE PROVIDING TRANSPORTATION.

WEST TEXAS CENTERS IS COMMITTED TO THE CONCEPT OF EQUAL VOLUNTEER OPPORTUNITY. NO VOLUNTEER SHALL BE EXCLUDED FROM PARTICIPATION IN, DENIED THE BENEFITS OF, OR BE SOUGHT TO DISCRIMINATION BASED ON RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.