

COMMUNITY COUNCIL OF SOUTH CENTRAL TEXAS

Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and wish to volunteer with our agency, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

PERSONAL INFORMATION

Last		First		M.I.	
Address				Apt No.	
City		State		ZIP	
Phone			Email		
Desired Program			Desired Volunteer Hours Per Week		
Days Available (check all that apply)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Special Events				
Times Available (check all that apply)	<input type="checkbox"/> 7am-9am <input type="checkbox"/> 9am-11am <input type="checkbox"/> 11am-1pm <input type="checkbox"/> 1pm-3pm <input type="checkbox"/> 3pm-5pm				
How did you hear about our volunteer opportunities?					
Why are you interested in volunteering with CC SCT?					
Have you ever been convicted of a crime? If your answer is "yes", explain. A conviction may not disqualify you, but a false statement will.					YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

Are you currently a student? If so, complete information below.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
School Name		Type of School High School <input type="checkbox"/> College <input type="checkbox"/>

TRAINING, SKILLS AND PRIOR VOLUNTEER EXPERIENCE

Please list any training, skills or prior volunteer experience you have that you feel would benefit our organization.

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DISCLAIMER AND SIGNATURE

I understand that any false information, omission or misrepresentation of facts in this application, whether on this document or not, may result in rejections of my application. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs and alcohol at any CC SCT site is strictly prohibited. I understand all volunteers and interns are not employees of CC SCT, are unpaid, and are ineligible for agency benefits.

Signature	Date
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