



PO Box 2828
1602 -10th Street
Lubbock, TX 79408-2828

VOLUNTEER APPLICATION

Name of Individual (Last, First, Middle)		Date of Birth	Home Telephone No. (w/ area code)
Mail Address (Street, City, State, ZIP)		Business/Cell phone No. (w/ area code)	Email Address
Social Security No.	How did you find out about volunteer opportunities with the Center?		

1. Are you over 14 years of age? Yes No

2. Why do you want to be a volunteer? _____

3. What type of volunteer work do you prefer? _____

4. Would you accept another assignment for which you will receive training? Yes No

5. List previous volunteer experience: _____

6. Are you presently employed? Yes No

If yes, complete the following:

Name of Employer	Occupation
Address of Employer	Full Time or Part Time

7. Are you presently enrolled in a school, college or university? Yes No

If yes, complete the following:

Name of School/College/University	Name of Teacher/Professor
Name of Class/Course and Anticipated Degree	Class Credit <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Indicate the days and times that you would be available to volunteer:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.

9. Start date and length of commitment? _____

10. Have you ever been employed by the Lubbock MHMR Center? Dates: _____ Yes No

11. Have you been convicted of any type of criminal offense or been listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry? (Please provide details on the back of this page) Yes No

Have you lived outside the State of Texas within the past two years? Yes No



12. List ways by which you like to receive recognition:

13. Do you speak any language other than English? Yes No

If yes, please list: _____

14. Are you fluent in sign language? Yes No

15. List your interests, hobbies, community activities:

16. Have you taken a Defensive Driving course within the past three years? Yes No

17. Can you furnish transportation for others? Yes No

If yes, complete the following:

Does your vehicle have: <i>check all that apply</i>					Driver's Lic. #	Have you had any moving violations in the past 3 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Required Insurance	<input type="checkbox"/> Inspection Sticker	<input type="checkbox"/> License Tags	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Child Safety Seat		

18. Please list three references (not relatives):

NAME	ADDRESS OR EMAIL ADDRESS	DAYTIME TELEPHONE

VOLUNTEER AGREEMENT

I affirm that the information that I have provided is true and correct to the best of my knowledge. I agree to conform to the Lubbock Regional Mental Health & Mental Retardation Center rules and regulations. I also agree to respect the confidential nature of case information as well as information obtained as a result of personal contacts with clients. I understand that driving record, criminal history, and registry checks will be conducted before my volunteer placement begins. I further agree to inform the Center if I am named in complaints or indictments or convicted of offenses (see Item 11 above).

I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training. I also understand that volunteering provides no promise of future employment.

Signature-Volunteer

Date

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Telephone No. (w/ area code)
Address		

TO BE COMPLETED BY CENTER STAFF ONLY

Program/ Reporting Unit	Supervisor's Name	Telephone No. (w/ area code)	
Volunteer Assignment	State Date	End Date	Volunteer Hours