

VOLUNTEER APPLICATION



PERSONAL INFO (*Required Information; Please Print Clearly)

Date: _____

| | | | |
|-----------------|----------------|----------------|------|
| *Last Name | *First Name | *Date of Birth | |
| *Street Address | *City | *State | *Zip |
| *Phone Number | *Email Address | | |

Have you ever volunteered or been employed with HAWC? Yes If so, when & title? _____ No

Are you a current or former client of HAWC? YES NO If so, when _____
(If you are currently a client or have been a client, there is a one year waiting period before you are eligible to volunteer.)

Is there a particular type of volunteer assignment or volunteer duty that you prefer to do? Please check any that apply:

- Crisis Hotline
- Administrative Duties
- Special Events
- Child Care
- Community Outreach
- Special Events Committee Member

Please tell us why you want to volunteer at HAWC and what you hope to gain from your experience with us?

EDUCATION

| | |
|----------------|---------------------------|
| Name of School | Degree or Course of Study |
|----------------|---------------------------|

EMPLOYMENT

| | |
|----------|-----------|
| Employer | Job Title |
|----------|-----------|

VOLUNTEER DEMOGRAPHIC INFORMATION The Houston Area Women's Center is an Equal Opportunity Employer and will select and place volunteers in assignments based on skills, interests, and experience without regard to race, color, religion, gender, national origin, age, disability, or any other legally protected status. The following information is not required, but is needed for tracking and grant application purposes. We appreciate your responses.

SEX: Female Male Other: _____

ETHNICITY: Caucasian Hispanic/Latino African-American
 Asian Native American Other 2 or more

How did you learn about our volunteer program?

Newspaper Television Radio School Speaker Agency Website Current HAWC Volunteer

Other _____

VOLUNTEER APPLICANT'S STATEMENT:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate removal from the Volunteer Program even if discovered at a later date.

Signature of Volunteer Applicant

Date

ATTN: Dorian Dotson (ddotson@hawc.org)
Phone: 713-528-6798, EXT. 2298
Fax: 713-535-6363



C-O-N-F-I-D-E-N-T-I-A-L

CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden or other name(s) used in any and all other records of birth or records of residence: _____

Address* _____ Apt or #: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ Gender**: _____ Race**: _____

* AS SHOWN ON THE ORIGINAL APPLICATION ** TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE VOLUNTEER FILE

The following are my responses to questions about my criminal history (if any):

1. _____ Yes _____ No Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors). If yes, please provide details below.

State: _____ County: _____ Date of Offense: __/__/__

Details of Conviction: _____

2. _____ Yes _____ No Have you received deferred adjudication for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: __/__/__

Details of Conviction: _____

3. _____ Yes _____ No Have you ever received probation or community service for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: __/__/__

Details of Conviction: _____

I, _____ am an applicant for volunteerism with the Houston Area Women's Center and have been advised that as a part of the application process, the agency conducts a criminal history background check. I do hereby consent to the agency use of any information provided during the application process in performing the criminal history check. The agency has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer opportunities to me. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the agency. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

Signature of Volunteer Applicant

Date