CHRISTUS St. Joseph Village Coppell

# VOLUNTEER APPLICATION

Name: _____

Phone (Cell): _____ Phone (Home): _____

Address: _____

Birthdate: _____

Have you ever been convicted of a crime (misdemeanor or felony)? YES _____ No _____ If yes, please explain: _

_____

Previous volunteer experience: _____

_____

What specific skills do you have? (foreign languages, hobbies, talents, etc.) _____

_____

Do you prefer: Working with individuals _____ Working with groups _____ Indirect service _____

Do you have a personal connection to CHRISTUS St. Joseph Village? (family member lives here, etc.) If so, please explain: _____

Why do you want to volunteer at CHRISTUS St. Joseph Village? _____

_____

Please indicate your availability between the hours of 8:00 a.m. and 5:00 p.m.

| SUN | MON | TUE | WED | THU | FRI | SAT |
|---|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PERSONAL REFERENCE:

_____

(Name) (Occupation) (Years Known) (Phone)

EMERGENCY CONTACT:

_____

(Name) (Relationship) (Day Phone) (Evening Phone)

_____

CHRISTUS.
St. Joseph Village
*Coppell*

# VOLUNTEER BACKGROUND CHECK AUTHORIZATION

I authorize CHRISTUS St. Joseph Village-Coppell to conduct a Legal and Full Background Check prior to my first scheduled date as a volunteer.

I understand that copies of my personal information will be kept in strict confidence.

**Volunteer Applicant**

Full Name (Print):_____
First Name Middle Name Last Name

Maiden Name:_____ Birthdate:_____

Nick Name(s):_____

Driver's License or ID Number: State: (_____) #:_____

Current Address:

_____

_____

_____

Previous Address (If less than 3 years ago):

_____

_____

_____

I am the person named above; the information above is truthful.

Volunteer Applicant: Signature:_____ Date: _____

***If volunteer applicant is under the age of 18 years-old, the applicant's parent must provide approval for CHRISTUS St. Joseph Village to conduct a Legal and Full Background Check on their child.***

I authorize CHRISTUS St. Joseph Village-Coppell to conduct a Legal and Full Background Check prior to my child's first scheduled date as a volunteer.

Parent of Volunteer Applicant:

Name (Please Print):_____

Signature:_____ Date: _____