



Community Action, Inc. of Central Texas

— DEVELOPING OPPORTUNITIES —

VOLUNTEER/INTERNSHIP APPLICATION FORM

Please Print Clearly

PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

Preferred E-Mail: _____

Emergency Contact: _____ Phone: _____

Please check all that apply:

Current or Former Head Start Parent Volunteer

Community Volunteer

Professional Volunteer

Student Volunteer/Internship

Graduate/Undergraduate (please circle)

For Student Volunteers/Internship Applicants Only:

Do you have a specific timeframe to complete your volunteer hours? Yes / No

If Yes, Available Dates: _____ Completion Date: _____

Does your Volunteer Assignment Require a Supervisor to hold a specific degree? Yes / No

If Yes, please specify _____

EDUCATION INFORMATION:

Currently enrolled? Yes / No If Yes - Name of School: _____

Highest Grade Completed: _____ Major/Degree: _____

Certifications/Licensures _____

Please list any languages you are able to speak, read, or write fluently: _____

BACKGROUND CHECK:

Head Start Volunteers are subject to a criminal background check.

If you are selected to volunteer at a Head Start/Early Head Start Child Development Center additional information will be required to conduct the check prior to the start of the volunteer arrangement.

(See also Criminal Release Form)

VOLUNTEER WORK AND LOCATION PREFERENCES:

Please mark all areas and locations you are interested in.

___ **Head Start/Early Head Start Child Development Centers (children birth – age 5)**

- ___ Working with children in the classroom
- ___ Assisting with kitchen
- ___ Other (please specify) _____
- ___ Assisting with clerical duties
- ___ Leading or assisting with arts and crafts

Locations: ___ *Luling* ___ *Lockhart* ___ *San Marcos* ___ *Kyle*

___ **Adult Education**

- ___ Tutoring in Reading
- ___ Tutoring in Math
- ___ Tutoring in Science
- ___ Other (please specify) _____
- ___ Tutoring in ESL (English as a Second Language)
- ___ Research Project
- ___ Career Counseling

Locations: ___ *San Marcos* ___ *Lockhart* ___ *Kyle* ___ *Bastrop* ___ *Leander*
___ *Round Rock* ___ *Marble Falls*

___ **Senior Citizen Center**

- ___ Leading or assisting with arts and crafts
- ___ Other (please specify) _____
- ___ Assist with serving congregate meals

Locations: ___ *San Marcos*

___ **Health Clinics – only eligible for students pursuing Nursing Degree, CNA, CMA or related**

- ___ Assisting with phones
- ___ Other (please specify) _____
- ___ Assisting with Clinic

Locations: ___ *Lockhart* ___ *San Marcos* ___ *Kyle*

___ **Rural AIDS Services Program (RASP)**

Locations: ___ *San Marcos* ___ *Georgetown* ___ *Elgin*

___ **Breast & Cervical Cancer Outreach (BCCS)**

Locations: ___ *San Marcos* ___ *Georgetown*

___ **Youth Services**

AVAILABILITY INFORMATION:

Please indicate the days and times you are usually available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____
All Day	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

If "Other" please specify: _____

TERMS:

I UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER, I agree to conform to the same high standard of behavior as the staff and to abide by all rules and regulations set forth by Community Action, Inc. of Central Texas. I understand and agree that in the performance of my duties I must hold any and all client information in the strictest confidence.

All of the information provided by me on this application form, and on any attachments, is true, correct and complete. I understand that false, misleading, inaccurate, or incomplete information on this application form, on any attachments, during interviews, or during any other aspects of the application/scheduling process will result in the rejection of my application or termination of volunteer status, if discovered after the volunteer process is completed.

Community Action is not obligated to provide a volunteer position, nor am I obligated to accept any volunteer position that is offered. Additionally, I understand I will not be paid for my services as a volunteer.

Your agreement below indicates your approval to these terms and that all of the information above is true and accurate to the best of your ability.

Signature: _____ Date: _____

Please return completed forms to Human Resources:

**Mail: PO Box 748 San Marcos, TX 78667 Email: hrdept@communityaction.com
In-Person: 215 S. Reimer Ave Ste. 130 San Marcos, TX 78666 Fax: 512-396-4255**

<i>Staff Use Only:</i>	
<i>Task Assigned</i> _____	
<i>Hours</i> _____	<i>In-Kind / Value</i> _____