

VOLUNTEER/INTERNSHIP APPLICATION FORM

Please Print Clearly

PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: State: Zip: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Preferred E-Mail: _____

Please check all that apply:

☐ Current or Former Head Start

☐ Professional Volunteer

☐ Parent Volunteer

☐ Graduate/Undergraduate: (please check one)

☐ Community Volunteer

☐ Student Volunteer / ☐ Internship

For Student Volunteers/Internship Applicants Only:

Yes No

Do you have a specific timeframe to complete your volunteer hours?

☐ ☐

If Yes, Available Dates: Completion Date: _____

Does your Volunteer Assignment Require a Supervisor to hold a specific degree?

☐ ☐

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

All 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)

Location: ☐ Luling ☐ Lockhart ☐ San Marcos ☐ Kyle

☐ Working with children in the classroom

☐ Assisting with clerical duties

☐ Assisting with kitchen

☐ Leading or assisting with arts and crafts

Other (please specify): _____

Adult Education

Location: ☐ San Marcos ☐ Kyle ☐ Bastrop ☐ Leander ☐ Lockhart ☐ Round Rock ☐ Marble Falls

☐ Tutoring in Reading

☐ Tutoring in ESL (English as a Second Language)

☐ Tutoring in Math

☐ Research Project

☐ Tutoring in Science

☐ Career Counseling

Other (please specify): _____

Community Services – Senior Citizen Center

Location: ☐ San Marcos ☐ Lockhart ☐ Luling

☐ Leading or assisting with arts and crafts

☐ Assist with serving congregate meals

Other (please specify): _____

Health Clinic

(Only eligible students pursuing Nursing Degree, CNA, CMA or related)

Programs: ☐ Breast & Cervical Cancer ☐ Health Clinic ☐ RASP (Rural Aids Services Program)

Location: ☐ San Marcos ☐ Kyle ☐ Georgetown ☐ Leander ☐ Lockhart ☐ Elgin

☐ Assisting with phones

☐ Assisting with clinic

Other (please specify) _____

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

Staff Use Only:

Task Assigned: _____

Hours: _____ In-Kind / Value: _____

Received by: _____