

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:

- | | |
|---|---|
| <input type="checkbox"/> Current or Former Head Start | <input type="checkbox"/> Professional Volunteer |
| <input type="checkbox"/> Parent Volunteer | <input type="checkbox"/> Graduate/Undergraduate: (please check one) |
| <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> Student Volunteer/ <input type="checkbox"/> Internship |

For Student Volunteers/Internship Applicants Only:

Yes No

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

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

- | | |
|---|--|
| <input type="checkbox"/> Working with children in the classroom | <input type="checkbox"/> Assisting with clerical duties |
| <input type="checkbox"/> Assisting with kitchen | <input type="checkbox"/> Leading or assisting with arts and crafts |
| Other (please specify): _____ | |

Adult Education

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

- | | |
|--|---|
| <input type="checkbox"/> Tutoring in Reading | <input type="checkbox"/> Tutoring in ESL (English as a Second Language) |
| <input type="checkbox"/> Tutoring in Math | <input type="checkbox"/> Research Project |
| <input type="checkbox"/> Tutoring in Science | <input type="checkbox"/> Career Counseling |
| Other (please specify): _____ | |

Community Services - Senior Citizen Center

Location: San Marcos Lockhart Luling

- | | |
|--|---|
| <input type="checkbox"/> Leading or assisting with arts and crafts | <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Assisting with phones | <input type="checkbox"/> Assisting with clinic |
| Other (please specify) _____ | |

Youth Services
(Must be enrolled in a credited university)

Programs: San Marcos Mental Health Coalition Youth Task Force General Youth Services

Location: San Marcos Hybrid

<input type="checkbox"/> Assisting with events	<input type="checkbox"/> Assisting with projects
Other (please specify) _____	

AVAILABILITY INFORMATION:

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: _____