

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: _____

BACKGROUND CHECK DISCLOSURE

Community Action, Inc. of Central Texas may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are selected, may order additional background reports on you for screening purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Community Action. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Community Action Human Resources Department.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled [A Summary of Your Rights Under the Fair Credit Reporting Act](#), as provided on subsequent pages.

**THE REMAINDER OF THIS DOCUMENT IS
INTENTIONALLY LEFT BLANK**

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize Community Action to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, Community Action may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand Community Action may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker’s compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

Please print your legal name:

Last Name: _____ First: _____ Middle: _____

_____/_____/_____
(Month/Day/Year)

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding Community Action in running a background check in connection with your application for employment. Community Action is requesting that you provide this information to assist in conducting a thorough background check as required by their respected grant funders.

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

For Identification Purposes Only:

Date of Birth: __ _____

Social Security Number: _____

Driver's License Number: _____ State Issuing License: _____

Enter Nickname(s) Used: _____

Enter Any Other Names Used (including maiden names):

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

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

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

Addresses Within the Past Seven Years

(use a separate sheet as needed)

Present Street Address: _____

City/State/Zip: _____

Prior Street Address: _____

Prior City/State/Zip: _____

From / / - To / /
(Month/Day/Year) (Month/Day/Year)