

Twin City Mission
P.O. Drawer 3490
Bryan, TX 77805-3490
(979) 822-7511

APPLICATION FOR VOLUNTEER

Name: _____ SSN: _____			
Mailing Address: _____			

City	State	Zip Code	Phone Number
Are you under 18? _____ Yes _____ No		If so, please indicate age: _____	

Volunteer Position Desired (1st Choice): _____

Volunteer Position Desired (2nd Choice): _____

Volunteer Position Desired (3rd Choice): _____

Date & times available: _____

Have you volunteered with Twin City Mission before? Yes No

When & Where? _____

Are you related to anyone in the Mission's employment? Yes No

Are you bilingual? Yes No Language: _____

Do you have a current Texas driver's license? _____ License Number _____

Have you ever been convicted of anything other than a traffic violation? _____

If yes, please explain: _____

EDUCATION: _____

EXPERIENCE OR SPECIAL SKILLS RELATED TO POSITION DESIRED:

REFERENCES: List three persons (not relatives) you've known a minimum of one year.

Name/ Address/ Phone	Relationship	Years Known

PHYSICAL HISTORY: Do you have any physical limitations or health problems that may need to be considered in your placement? Yes No

If yes, please describe: _____

EMERGENCY DATA: Name of person to be notified in case of emergency:

Name/ Address/ Phone Relationship

I authorize representatives of Twin City Mission to investigate all statements and claims in this application and attached documents. I understand that misrepresentation or omission of facts requested is cause for denial of volunteer placement.

Signature: _____ Date: _____