



INDIVIDUAL VOLUNTEER APPLICATION

If this volunteer work is part of court-ordered community service, please call (979) 822- 7511.

Name: _____ DOB: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Are you under 18? Yes () No () If yes, please indicate age: _____

Areas of Interest (**Rank** your top 3):

___ Community Café

___ Community Closet

___ Resale

___ Youth and Family Services

___ No Preference

When are you available to volunteer? (Please indicate days and times)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

How often would you like to volunteer?

Once () Monthly () Weekly () Several times a week ()

If other, please specify _____

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: _____

Is this volunteer work a class requirement? Yes () No ()

If so, how many hours? _____ By when? _____

Is this volunteer work part of court-ordered community service? Yes () No ()

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

Have you ever been convicted of anything other than a traffic violation? Yes () No ()

If yes, please explain: _____

Highest level of education achieved: _____

Experience or special skills related to position desired:

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 CONTACT:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Please note that all volunteers of Twin City Mission are required to complete a 45-minute orientation and may need to receive a criminal background check before volunteering.

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: _____