



Application for Volunteer Service

Name _____ Social Security No _____
 (Last) (First) (M.I.) (Please attach copy)

Address _____
 (Street) (City) (State) (Zip)

Home Phone _____ Business/Other Phone _____ Date of Birth _____

Are you currently employed? _____ Full time _____ Part time _____ Where _____

Occupation _____ Supervisor _____ Length of Employment _____

Type of School	Name of School	Hours Completed	Graduated	Diploma or Degree	Major
High School					
College or University					
Other					

Are you volunteering for: Class credit _____ Court Order _____

Please list previous experience with persons with a developmental disability and/or mentally illness, previous volunteer experience, previous applicable work experience and/or affiliations with community organizations or clubs.

Do you have any relatives who have worked or currently work at BTCS? _____ Please List: _____

List two professional references:

1. _____
 (Name) (Address) (Day phone)

2. _____
 (Name) (Address) (Day phone)

In my opinion, I am physically and emotionally capable of carrying out the volunteer assignment.

Yes _____ No _____

Please list any special skills, training or abilities (including any additional language you may speak).

Preference of type of volunteer work:

Client contact Non-client contact Special projects Individual assignment

How much time can you volunteer? _____

When are you available? (Please indicate specific times) _____

Have you ever been convicted by federal, state, or any other law enforcement authorities for any violation of any federal, state, county or municipal law, regulation or ordinance? Yes No

If yes, describe. _____

(All applicants will be subject to a criminal history record check through the Department of Public Safety).

All information included in this application is accurate to the best of my knowledge. I understand I will start on a trial basis and agree to take the orientation offered. I understand information regarding the persons I work with is confidential.

(Date)

(Signature of Volunteer)

Please notify in case of emergency (name, address, phone):

This section must be completed by Program Manager requesting clearance for Volunteer

Date Interviewed: _____ (Interview notes must be attached)

Expected length and frequency of volunteer work: _____

Type of volunteer work: _____

Access to BTCS network? YES or NO If yes, for what purpose? _____

EMT Director Signature: _____ HR Director: _____

Dates background checks were completed:

_____ Criminal History (DPS) _____ (signature)

_____ DADS _____ (signature)

_____ CARE _____ (signature)

_____ Federal Exclusion List _____ (signature)

_____ State Exclusion List _____ (signature)