

**Highland Lakes Family Crisis Center  
Volunteer Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of person to call in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No \_\_\_ If so, where? \_\_\_\_\_

Education: High School \_\_\_ College \_\_\_ Graduate School \_\_\_ Vocational or Technical Training \_\_\_

Do you speak any language other than English? \_\_\_ Yes \_\_\_ No If so, what language? \_\_\_\_\_

Do you have your own transportation? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony or received treatment for mental illness? \_\_\_ Yes \_\_\_ No  
(simple depression and/or treatment with an anti-depressant medication is not included in this question)

If yes, please explain: \_\_\_\_\_

Why do you want to be a volunteer at this time? \_\_\_\_\_

Are significant people in your life supportive about your decision to be a volunteer? \_\_\_\_\_

Do you feel you would be able to work objectively with any type of client? \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_

What do you expect to gain and to give as a volunteer? \_\_\_\_\_

Have you been active in volunteer work before? \_\_\_ Yes \_\_\_ No

If so, where? \_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

When can you start? \_\_\_\_\_

**Please check your available days and times in the following chart:**

Note: This does not constitute a commitment at this point.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (special events only)	Sunday (special events only)
<b>Morning</b>	Weekly							
	As Needed							
<b>Afternoon</b>	Weekly							
	As Needed							
<b>Evening</b>	Weekly							
	As Needed							

Any additional comments regarding your availability are welcome: \_\_\_\_\_

**Volunteer Activities (circle all for which you are available)**

<p>Answer Phones / Crisis Calls</p> <p>Administrative Support:                      Preparing mail-outs                      Computer data entry                      Filing and file maintenance</p> <p>Working directly with victims of family violence and sexual assault</p> <p>Children's Programs:                      Baby-sitting (children may range in age from infant to adolescents)                      Special Programs (reading, crafts, outdoor activities)</p> <p>Writing articles for newsletter</p> <p>Tutoring adults or children:                      Spanish ,                      English, Math,                      Computer skills                      and/or for the GED</p>	<p>Good Neighbor" Thrift Shop                      Sorting donations                      Assisting shoppers                      Picking up furniture donations</p> <p>Run errands</p> <p>Maintenance (vehicles, building repair, machinery repair &amp; maintenance, yard )</p> <p>Fundraising</p> <p>Planning, organizing, and/or participating in special events:                      Golf tournament                      Sock Hop</p> <p>Public Speaking</p> <p>Recruiting other Volunteers</p> <p>Grant-writing</p>

References: (Do not include relatives, and please give a evening phone number, if appropriate, if the person may be difficult to reach during the day )

1. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**VOLUNTEER AGREEMENT**

I agree to conform to the Highland Lakes Family Crisis Center rules and regulations to the best of my ability. I agree to respect the confidential nature of case information, as well as my personal contacts with clients.

I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training that will be approximately 27 to 40 hours per year.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are volunteering for Community Service, how many hours do you need to fulfill your requirement?  
\_\_\_\_\_ What was your offense? \_\_\_\_\_ .

PLEASE RETURN COMPLETED APPLICATION TO:

Highland Lakes Family Crisis Center  
Attn: Volunteer Coordinator  
P.O. Box 805  
Marble Falls, Texas 78654

Statement of Confidentiality

I, \_\_\_\_\_, understand that I will hear information and handle material of a confidential nature through my work for and affiliation with the Family Crisis Center. I agree to treat all information gained through my work with the Crisis Center with strict confidentiality. Failure to maintain confidentiality might result in legal action against me. I also agree to maintain confidentiality even if I am no longer visiting or working with the Crisis Center and will notify the Executive Director immediately if a court order regarding the Center is served to me.

I further agree not to use my position as a visitor or volunteer to obtain or access confidential client information.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK**

**AUTHORIZATION/ WAIVER/ INDEMNITY**

I hereby give permission for the Highland Lakes Family Crisis Center to obtain information relating to my criminal history record through the Volunteer Center. The Criminal History Record (CHR), as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains, and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with the HLFCC. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify the Volunteer Center, a service of United Way/Capital Area, and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Today's Date

— Office Use Only —

Date submitted \_\_\_\_\_

Returned \_\_\_\_\_

Disapproved

Approved

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	