



# THE CENTER VOLUNTEER APPLICATION

\*Fields marked by an asterisk (\*) are mandatory and must be completed to process this application. Please write neatly!  
 Return this form via email to [volunteers@thecenterhouston.org](mailto:volunteers@thecenterhouston.org), by fax to 713.525.8334, or in person on the second floor of the Chi Omega Building on The Center's campus at 3550 W Dallas Houston, TX 77019. To apply online, visit [thecenterhouston.org/be-a-volunteer](http://thecenterhouston.org/be-a-volunteer).

## CONTACT INFORMATION

*Name:		*Date:	
*Address:		*City/State/Zip:	
*Home Phone:	*Cell:	Work Phone:	
*D.O.B. (mm/dd/yyyy):		*Email:	

What kinds of emails would you like to receive?

- The Center's Monthly e-newsletter       Volunteer Recruitment Appeals

Emergency Contact Information:

*Name/Relationship	
*Phone:	Email:

## AVAILABILITY

Please write in the times you will be available to volunteer below each day.

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
From:							
To:							

My availability is:

- ongoing       ongoing except between the following dates       Only between the following dates

From: \_\_\_\_\_  
 To: \_\_\_\_\_

I would like to serve up to \_\_\_\_\_ hours     daily     weekly     monthly     one time.

## INTERESTS

Let us know which volunteer areas most interest you.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Horticulture volunteer (watering & weeding gardens) | <input type="checkbox"/> The Ranch (snack bar management) | <input type="checkbox"/> Skill-based workshops (sewing, crocheting, drawing, etc.) |
| <input type="checkbox"/> Computer training                                   | <input type="checkbox"/> Yoga instructor                  | <input type="checkbox"/> Cooking class volunteer                                   |
| <input type="checkbox"/> Gingersnaps   | <input type="checkbox"/> Dance instructor                 | <input type="checkbox"/> Special events  |
| <input type="checkbox"/> Arts & crafts                                       | <input type="checkbox"/> Administrative support           | <input type="checkbox"/> Resident/client event assistant                           |
| <input type="checkbox"/> Program assistant                                   | <input type="checkbox"/> Classroom assistant              | <input type="checkbox"/> Career specialist   |
| <input type="checkbox"/> Personal care guidance/workshops                    | <input type="checkbox"/> Movie night                      |  |

Do you have any special knowledge or skills you would be interested in contributing to The Center (IT, design, photography, etc.) as a skilled volunteer? If so, please list here: \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

Highest Level of Education Completed : \_\_\_\_\_  
Your School: \_\_\_\_\_  
Your Employer: \_\_\_\_\_

In which areas do you hold certifications?

CPR       First Aid       Other Relevant Certificates \_\_\_\_\_

Does your employer sponsor any of the following?

Donation Program       Matching Program       Time Off Program

How did you hear about The Center?

Online       Friend       Current Volunteer       Current Employee       Volunteer Fair       Other \_\_\_\_\_

**ADDITIONAL COMMENTS**

Let us know if there is anything else you'd like to know about The Center or share with us.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL DEMOGRAPHIC INFORMATION**

The fields below are not mandatory for this application to be processed. All information provided in this application is confidential and information provided in this section is used for departmental statistical tracking purposes only.

Gender: \_\_\_\_\_

Ethnicity (check one):

White/Caucasian       Black/African American       Asian       American Indian/Alaska Native       Native Hawaiian/Pacific Islander       Hispanic/Latino       Other \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

## BACKGROUND CHECK INFORMATION

As a matter of policy and for the protection of the people we serve, The Center routinely conducts background checks. The references you provide will be contacted by The Center's Community Relations Department. This information, as well as that of the background check, will be kept strictly confidential.

\*Have you ever been convicted of any misdemeanor or felony other than minor traffic violations? (If yes, then the nature, time, place, and disposition of the case will be discussed in a private interview with the Community Relations Manager before placement is complete.)

No

Yes

\*If you have not lived in Harris County for the past seven (7) years, please list all previous addresses for that time period:

Address :	City/State/Zip:
Address:	City/State/Zip:
Address:	City/State/Zip:

\*Please list one business or personal reference below:

Reference Name:	
Phone #:	Email:

## FOR DRIVING VOLUNTEERS ONLY

The following is to be completed by every volunteer who will drive a CRI van or their personal vehicle as a direct part of their volunteer duties. If a volunteer uses a personal vehicle while engaged in volunteer services, bodily injury, property damage, and liability insurance must be maintained with an insurance carrier admitted to do business in the state of Texas with limits meeting the standards of the financial responsibility act of Texas. This means that a volunteer must carry the insurance that is already required by law. All van drivers must complete van certification training.

Name on driver's license:	
Driver's license #:	Auto Insurance Carrier:

My signature gives permission for background and references to be checked. I will receive the basic orientation, read the materials presented at that time, and I agree to follow The Center's policies and procedures which pertain to volunteers. It is the policy of The Center to consider all applications without regard to race, color, creed, sexual orientation, national origin, gender, age, disability, or disabled veteran status.

I agree to attend the basic volunteer orientation and any additional training, if needed, depending on volunteer placement. If I choose a program whose activities involve driving The Center's vans, my past driving record will be checked and I agree to attend one of the regularly scheduled van orientations.

Signature: \_\_\_\_\_

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

**Questions? Please contact our Volunteer Coordinator at 713.525.8484  
or volunteers@thecenterhouston.org.**