



# Volunteer Application

Personal Information						
Name (Last, First, Middle)			Suffix (e.g., Jr.)		Other Names Used	
Address		Apt. #	City		State	Zip
Home Phone #		Work Phone #		Is it okay to receive calls at work? __ Yes __ No		
Email Address			Cell Phone #		Fax #	
Is anyone else at this address a OneHeart Project (OHP) volunteer? __ Yes __ No If yes, what is his/her name?						
Have you ever served as a OHP volunteer before? __ Yes __ No If yes, at which event?						
The following information is required to conduct background checks and/or for statistical analysis						
Social Security #		TX Driver's License #		Driver's License Class		Maiden Name (if Married)
Date of Birth	Place of Birth (state only)		Height	Weight	Hair Color	Eye Color
<input type="checkbox"/> Male	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	
<input type="checkbox"/> Female	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian		
How did you first hear about OHP volunteer opportunities?						

Education Information – Check all that Apply	
<input type="checkbox"/> Currently Attending High School	<input type="checkbox"/> Undergraduate Degree; Major: _____
<input type="checkbox"/> High School Graduate/GED	<input type="checkbox"/> Graduate/Seminary Degree; Major: _____
<input type="checkbox"/> Currently Attending College	<input type="checkbox"/> Some College

Employment Information		
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Retired	My employer offers a: <input type="checkbox"/> Time-off program for volunteers <input type="checkbox"/> Donation matching program <input type="checkbox"/> None of the above/not applicable
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Student	
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	
Employer's Name (or School Name)		Occupation

Medical Information
Do you have any medical conditions that would affect your ability to perform your duties, or that the volunteer office should be aware of? __ Yes __ No If yes, please explain:

Availability – Please enter the times you are usually available for volunteer assignment						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Emergency Contact - In the event of an emergency, indicate the person to be notified			
Name	Relationship	Daytime Phone #	Home Phone #

Skills, Training, Experience – Please check all that apply			
<input type="checkbox"/> Spanish-speaking	<input type="checkbox"/> Math/Science	<input type="checkbox"/> Newsletter/Written Communication	
<input type="checkbox"/> Office/Clerical/Computer	<input type="checkbox"/> Photography	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Arts/Drama/Dance
<input type="checkbox"/> Musical Ability	<input type="checkbox"/> Sports/Athletic	<input type="checkbox"/> Business/Banking	<input type="checkbox"/> Clergy/Ministry
<input type="checkbox"/> Education	<input type="checkbox"/> Media/Newspapers	<input type="checkbox"/> Medical/Medicine	<input type="checkbox"/> Law Enforcement/Judicial
<input type="checkbox"/> Military Background	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Counseling/Social Work
<input type="checkbox"/> Certification(s)/ License(s): _____			
<input type="checkbox"/> Other skills, training and talents: _____			

Preference for Volunteer Work – Please check areas in which you have interest in serving:		
<input type="checkbox"/> Mentor/Youth Advisor	<input type="checkbox"/> Tutor	<input type="checkbox"/> Religious Worship/Teaching
<input type="checkbox"/> Volunteer Advisory Council	<input type="checkbox"/> Clerical	<input type="checkbox"/> Foster Grandparent
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Intern/Field Practicum	<input type="checkbox"/> Holiday/Birthday Celebrations
<input type="checkbox"/> Music/Art/Entertainment	<input type="checkbox"/> Parole/Casework Asst.	<input type="checkbox"/> Pen Pal/OneHeart Notes
<input type="checkbox"/> Group Leader	<input type="checkbox"/> Education Aide	<input type="checkbox"/> Dormitory Aide/Friend
<input type="checkbox"/> Other: _____		

Criminal Record Check
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently charged with a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes above, briefly describe the circumstance of your conviction or current charge, indicating the date, nature, and place of the offense and disposition of the case. Your answer is evaluated in relation to volunteer activities.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AN INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.**

- I certify that the statement made in this volunteer application are true and correct, and have been given voluntarily
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
- I understand that I will not be paid for my services as a volunteer.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_