



VOLUNTEER APPLICATION

The information shared in this application is confidential and will be kept secure at all times.

Date:		
Position/Program Desired:		
Applicant Information		
Name:		
Address:	City:	Zip:
Phone:		
Email:		
Social Security Number:		
Driver's License Number:		
Applicant's Date of Birth:		
Applicant's Household (Optional)		
<u>Relationship</u>	<u>Name</u>	<u>Occupation</u>
Self		
Spouse		
Applicant's Employment History		
Position	Date	Employer

Applicant's Volunteer History		
Position	Date	Agency
Please carefully read and initial the following statements.		
Initial	Statement	
	I agree to follow all program guidelines and understand that any violation could result in suspension and/or termination of my participation in the program.	
	I understand it may be necessary to conduct a background check regarding my driving record, criminal history, personal references, and employment.	
	I authorize (the Agency) to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program.	
<p>Please attach all of the following completed items along with this application:</p> <ul style="list-style-type: none"> • Copy or scan of a valid ID • Information Release Form • Interest Survey Form 		
<p>Please sign and date below indicating that you have read and understand this application and the requested attachments and attest that the information provided is to the best of your knowledge accurate and true.</p>		
<hr/> Signature		<hr/> Date

Thank you for your application to voluntarily serve the South Texas Pregnancy Center. We deeply appreciate your interest in serving. Your participation in this application and screening process helps us:

- Get to know you better
- Be good stewards of your investment of your time, energy, and resources
- Ensure the integrity of our program and well-being of those we serve

Please consider responding to the questions below. If you need more space, please feel free to submit an attachment or use the back of this page.

Is there some reason in particular that you want to serve this program?

Please list some of the qualities, skills, or other attributes you feel you have to invest through your volunteering, especially as they may relate to the South Texas Pregnancy Care Center and its program.

How long do you feel you can commit to investing your time, energy, and resources as a volunteer in this program?

Are there a certain number of hours *per week* you would like to contribute? _____
per month? _____

What days and times would be best for you to attend training activities?

What days and time would be best for you to voluntarily serve program activities?

Please try to tell us how your friends might describe you as a person.

Have you ever been arrested or convicted of a crime? If yes, please explain.

Have you ever been investigated or convicted of neglecting or abusing or molesting a child (a person under eighteen years of age). If yes, please explain.

Additional comments:



INFORMATION RELEASE

I, _____ (name of applicant), understand it will be necessary for The South Texas Pregnancy Care Center (STPCC) to conduct a background check which may include driving record, legal/criminal history, character references, and employment history for the purpose of evaluating my eligibility to voluntarily serve with The South Texas Pregnancy Care Center (STPCC) and its associated programs.

I authorize The South Texas Pregnancy Care Center (STPCC) to obtain any of the above-mentioned needed information.

The South Texas Pregnancy Care Center (STPCC) will protect my privacy by keeping all personal information collected and all screening instruments secure and private.

Applicant Signature

Date

STPCC Representative Signature

Date