

“The Family Crisis Center envisions a safe community built on equality without the existence of violence.”



VOLUNTEER APPLICATION FORM

Please fill out this form and return to:

Family Crisis Center
P. O. Box 736
Bastrop, Texas 78602

Personal Information

Last Name: _____ First Name: _____

Social Security # _____ Driver's License # _____ State _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Alternative Phone _____

Email Address: _____

Preferred method of contact/ time of day _____

Person to Contact in Case Of Emergency: _____

Relationship: _____ Phone: _____

Current Employment Status/Occupation

- Employed
- Retired
- Student
- Other

Occupation _____

Employer: _____

Business phone: _____ May we contact you at work? Yes No

Volunteer Experience

Are you presently a volunteer? Yes No

If yes, where: _____ Position: _____

Have you had a previous experience as a volunteer? Yes No

If so, list organizations and type of work: _____

Volunteer Opportunities
(please check any area of interest)

Administrative

Front Desk Receptionist
Mail outs
Word Processing
Data Entry
Filing
Copying / Collating
Document Translation (English to Spanish)
Some IT

Fundraising

Administrative duties
Pick-ups and deliveries
Set up and take down
Decorating
Registration
Refreshment Stands

Direct Services

Hotline
Specialty Projects

Community Outreach

Community Presentations
Health Fairs
Awareness Observances

Maintenance

Lawn Maintenance
Office repairs & Maintenances
Other special opportunities

Bits & Pieces Thrift Store

Sort clothing, house wares and other items
Hang clothing & stock shelves

Education/Skills

- High School Graduate
- Some College
- College Graduate

Do you speak languages other than English? (Please specify) _____

Do you have other skills or resources to bring to the center?

Availability

Are you willing to volunteer a minimum of 4 hours per week? Yes No

Are you available?

- Mornings Afternoons Evenings
Weekdays Weekends Holidays

Volunteer Goals

Why are you interested in volunteering with the Family Crisis Center?

How would your skills, hobbies/interest, training or past volunteer/life experiences benefit the Family Crisis Center?

References

Please list two individuals who can be contacted to provide references:

Name: _____ **Phone** _____

Address: _____

Email Address: _____

Name: _____ **Phone** _____

Address: _____

Email Address: _____

I hereby agree that all information provided is true and accurate and I give the Family Crisis Center permission to contact references.

Signature of Applicant _____

Date _____

