Volunteer Application



Contact Information	
NOTE: IF VOLUNTEER APPLICANT IS A MINOR (UNDER 18) A PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THIS APPLICATION ON THEIR BEHALF	
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone (Required)	
E-Mail Address	
SSN	
Driver's License No/State	
Date of Birth	
Sex: M/F	
Current Employer/Title	
Do you have a maiden name, alias or nickname?	
If yes, please provide	
Have you ever worked in the criminal justice system? If yes, please list, agency(ies), positions, and years of employment	
Do you have a criminal background? If yes, please provide the following regarding each offense in your criminal background (years served, State, conviction date(s), crime type and whether felony or misdemeanor, SID/ID, release date, supervision time served)	
Do you currently have criminal charges pending? If yes, please provide details	
Have you ever been a member of a gang? If yes, please provide gang name, description of gang and renunciation date (if applicable)	

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Are you a victim of a crime or related	
to or the friend of a victim of a crime?	
If yes, please provide details regarding the crime and offender involved	
Are you related to anyone that is or has been involved in the criminal justice system? If yes, please provide details regarding such individual(s) and your relationship with the individual(s)	
Availability	
During which hours are you available for volur	iteer assignments?
,	-
Weekday mornings Weekend	
Weekday afternoons Weekend	
Weekday evenings Weekend	evenings
Volunteer Interests	
Tell us in which areas you are interested in vo	lunteering
Administration (Clerical, Data Entry, Rec	ention)
Events (Annual Texas Reentry Symposi	
,	ate at partner/provider events, community organizations)
, , ,	cking DOORS®' overall donation/fundraising efforts
Deliveries (Special circumstances/situat	
· ·	®' events, fundraising efforts, and the like; obtain
E-Newsletter Production (Assist with des	sign, drafting articles, production, etc.)
· ·	nating all Unlocking DOORS®' volunteers and activities)
Special Skills or Qualifications	
	u have acquired from employment, previous volunteer work, r sports. Please note if you are bilingual and all

Previous Volunteer Exper	ience
Summarize your previous volu	
Person to Notify in Case of	of Emergency
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
A 1 Oi 1 Oi 1	
Agreement and Signature	
	I affirm that the facts set forth in it are true and complete. I understand that r, any false statements, omissions, or other misrepresentations made by
me on this application may res	
Volunteer Applicant	Date Signed
Parent or Legal Guardian of Vo	olunteer Applicant
(Required for all Volunteer App	olicants under 18 years of age)

Thank you for completing this application form and for your interest in volunteering with us.