

**VOLUNTEER/INTERNSHIP APPLICATION FORM**

**Please Print Clearly**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply:

\_\_\_\_ Current or Former Head Start parent Volunteer \_\_\_\_ Community Volunteer

\_\_\_\_ Professional Volunteer \_\_\_\_ Student Volunteer/Internship

 Graduate/Undergraduate (please circle)

***For Student Volunteers/Internship Applicants Only:***

*Do you have a specific timeframe to complete your volunteer hours? Yes / No*

*If Yes, Available Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Does your Volunteer Assignment Require a Supervisor to hold a specific degree? Yes / No*

 *If Yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**EDUCATION INFORMATION:**

Currently enrolled? Yes / No If Yes - Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_ Major/Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications/Licensures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any languages you are able to speak, read, or write fluently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**BACKGROUND CHECK:**

\*\*\*Head Start Volunteers are subject to a criminal background check. If you are selected to volunteer at a Head Start/Early Head Start Child Development Center additional information will be required to conduct the check prior to the start of the volunteer arrangement. (See also Criminal Release Form)

**VOLUNTEER WORK AND LOCATION PREFERENCES: Please mark all areas and locations you are interested in.**

\_\_\_\_ **Head Start/Early Head Start Child Development Centers (children birth – age 5)**

 \_\_\_\_ Working with children in the classroom \_\_\_\_ Assisting with clerical duties

\_\_\_\_ Assisting with kitchen \_\_\_\_ Leading or assisting with arts and crafts

 \_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Locations: \_\_\_ Luling \_\_\_\_ Lockhart \_\_\_\_ San Marcos \_\_\_\_Kyle***

\_\_\_\_ **Adult Education**

 \_\_\_\_ Tutoring in Reading \_\_\_\_ Tutoring in ESL (English as a Second Language)

 \_\_\_\_ Tutoring in Math \_\_\_\_ Research Project

\_\_\_\_ Tutoring in Science \_\_\_\_ Career Counseling

 \_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Locations: \_\_\_\_ San Marcos \_\_\_\_ Kyle \_\_\_\_Bastrop \_\_\_\_ Leander***

 ***\_\_\_\_ Lockhart \_\_\_\_ Round Rock \_\_\_\_ Marble Falls***

\_\_\_\_ **Senior Citizen Center**

 \_\_\_\_ Leading or assisting with arts and crafts \_\_\_\_ Assist with serving congregate meals

\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Locations: \_\_\_\_ San Marcos***

\_\_\_\_ **Health Clinics – only eligible for students pursing Nursing Degree, CNA, CMA or related**

 \_\_\_\_ Assisting with phones \_\_\_\_ Assisting with Clinic

\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Locations: \_\_\_\_ Lockhart \_\_\_\_ San Marcos \_\_\_\_ Kyle***

***\_\_\_\_ Rural AIDS Services Program (RASP)***

 ***Locations: \_\_\_\_San Marcos \_\_\_\_ Georgetown \_\_\_\_ Elgin***

***\_\_\_\_ Breast & Cervical Cancer Outreach (BCCS)***

 ***Locations: \_\_\_\_ San Marcos \_\_\_\_ Georgetown***

**AVAILABILITY INFORMATION:** *Please indicate the days and times you are usually available to volunteer*

Monday Tuesday Wednesday Thursday Friday

Morning \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Afternoon \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

All Day \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Other \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

If “Other” please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TERMS:

I UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER, I agree to conform to the same high standard of behavior as the staff and to abide by all rules and regulations set forth by Community Action, Inc. of Central Texas. I understand and agree that in the performance of my duties I must hold any and all client information in the strictest confidence.

All of the information provided by me on this application form, and on any attachments, is true, correct and complete. I understand that false, misleading, inaccurate, or incomplete information on this application form, on any attachments, during interviews, or during any other aspects of the application/scheduling process will result in the rejection of my application or termination of volunteer status, if discovered after the volunteer process is completed.

 Community Action is not obligated to provide a volunteer position, nor am I obligated to accept any volunteer position that is offered. Additionally, I understand I will not be paid for my services as a volunteer.

Your agreement below indicates your approval to these terms and that all of the information above is true and accurate to the best of your ability.

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

**Please return completed forms to Human Resources:**

**Mail: PO Box 748 San Marcos, TX 78667 Email:** hrdept@communityaction.com

**In-Person: 215 S. Reimer Ave., Ste. 130 San Marcos, TX 78666 Fax: 512-396-4255**

*Staff Use Only:*

*Task Assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In-Kind / Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*