



Volunteer Application

Return completed application to:
Mail: Voice of Hope, 4120 Gentry, Dallas, TX 75212
Email: volunteer@voiceofhope.org
Fax: 214.631.7877

Complete your application
Online:
www.voiceofhope.org/volapp.html

CONTACT INFORMATION

Name _____ Today's Date _____
Last First Middle Initial

Address _____ City _____ Zip _____

Phone: Home/Cell _____ Work _____

E-mail _____

My preferred method of communication is Email Mail Phone Text (Check all that apply)

DEMOGRAPHICS AND PERSONAL PROFILE INFORMATION

Are you a Christian? _____ Church Affiliation _____ Location _____

Name of Employer or School _____

Occupation/Area of Study _____

Highest Level of Education _____

D.O.B. ____/____/____ Gender _____ Languages Spoken _____

Skills & Qualifications: *Summarize any training, skills, licenses and/or certifications*

How did you hear about Voice of Hope?

INTERESTS & AVAILABILITY

I am interested in volunteering with: *(check all that apply)*

- Main Campus** ASPIRE Afterschool Program
- Baby Univ.**
- Gradus** ASPIRE Afterschool Program
- Grand** ASPIRE Afterschool Program
- Summer Day Camp (June-July)
- Child Care Center
- Family & Community Services
- Administration/Office Support
- Facilities & Food Service
- Events
- In Kind Donation Drives
- Community Ambassador

What age groups are you most interested in serving? Infants/Pre-K K-2 3rd-4th 5th-6th Jr. High +

What is your availability?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Once a week Twice a week Every other week When Available Other _____

When can you begin volunteering? _____

I am Volunteering with a group Name of Group _____

REFERENCES

Please provide two non-family personal or professional references that we may contact to learn more about you.

Name _____ Phone Number _____

Years Known _____ Relationship _____

Name _____ Phone Number _____

Years Known _____ Relationship _____

Emergency Contact Information (please print clearly)

Name _____ Relationship _____

Address _____ City/State/Zip _____

Cell Phone _____ Office Phone _____

Email _____ Preferred Hospital _____

Please bring a Photo ID with you to your first shift so we can make a copy for your file.

Thank You!

(Photo ID can be a Driver's License or Permit, Student ID, State ID, etc.)

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

<input checked="" type="checkbox"/> Initial		<input checked="" type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
<p>You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:</p> 							
<p>Relationship of person to requestor</p> <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Other:							
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

VOICE OF HOPE

STATEMENT ON FELONIES OR MISDEMEANOR OFFENSES THIS STATEMENT IS REQUIRED BY STATE LICENSING.

Have you ever been convicted of a felony or misdemeanor, or are there any pending criminal charges against you, including deferred adjudication? Yes _____ No _____

Are you seeking a volunteer opportunity in order to comply with court-ordered Community Service requirements? Yes _____ No _____

If yes, please attach an explanation and include hours needed.

I understand that a Criminal History Check will be run and that my continued volunteerism is subject to the results of this check.

Printed Name _____ Signature _____

Texas Statewide Criminal Record Submitted on _____ by _____
Completed by Organization/Office