

FAMILY RESOURCE CENTER OF NORTH TEXAS
Volunteer Application
Education Requirement - Internship

Last Name _____ First Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home # _____ Work # _____ Other # _____
 Referred By _____
 Hours of Service Required _____
 Time to complete required hours _____
 Instructor of Course _____ Phone Number _____
 Course of Study requiring hours _____
 Are you an American Humanic student? (Circle one) Yes No

	Name & Location	Years Attended	Did you Graduate?	Degree or Subject Studied
High School				
College				
Trade, Business, Or Other School				

Date Month and Year	Name and Address of Employer	Position	Duties
From To			
From To			
From To			
From To			

Reference	Relation	Years Known	Phone Number

List any special skills or training below:

What times do you prefer to work?

- Prefer evenings
- Prefer weekends
- Prefer days
- No preference

Is there a particular type of volunteer work in which you are interested (Check all that apply)

- Office Work
- Child Care
- Teddy Bear Store
- Zero-To-Three Support Group
- Parenting Classes
- Outreach and Community Events
- Grant Writing and/or Research
- Facility Maintenance
- Housekeeping
- Other
- No Preference

I certify that the facts contained in this application are true and complete to the best of my knowledge

Signature _____ Date _____

Volunteer Work Schedule

Program	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Class Schedule (if in school)						

FAMILY RESOURCE CENTER OF NORTH TEXAS
Criminal History Background Check Consent Form

I hereby acknowledge and understand that with the completion of this application, I give permission to the Family Resource Center of North Texas and its authorized agents to use any and all means to verify all or part of the information given in my volunteer application. This includes the accessing of information with regards to my criminal and civil record, prior employment, education, as well as other public record information. I release the Family Resource Center from any liability in the requesting of this information.

Because our agency deals with a very special population of clients, we are ethically obligated to screen volunteer applicants thoroughly. Please understand the reasons for this and be assured that all information will remain strictly confidential.

Volunteer Applicant's Signature

Date

Print Name

Date of Birth

Parent's Signature
(needed for volunteer applicants under the age of 16)

Date

Witness Signature

Date