

CONNECTIONS

Post Office Box 311268

New Braunfels, Texas 78131-1268

Date: _____

APPLICATION FOR A VOLUNTEER/INTERN POSITION

Circle Mr. Mrs. Ms.

OTHER NAMES USED

NAME: _____ (MAIDEN, MARRIED, ETC.) _____

S.S. # _____ RACE/ETHNICITY: _____

CURRENT ADDRESS:

_____ (Street) _____ Apartment/Unit

_____ (City) _____ (State) _____ (Zip)

BUS. PHONE # _____ HOME PHONE # _____

Cell Phone # _____

E-Mail _____

Have you lived in any other county in Texas or in any other state during the last 5 years? _____
Yes _____ No _____

If so, where _____

Drivers License # _____ State _____

DATE OF BIRTH: _____ Do you have your own transportation? _____

Educational Background

College/University _____ Dates Attended _____

Degree/Major _____

High School _____ Dates Attended _____

Diploma Awarded Yes _____ No _____

Other _____ Dates Attended _____

Are you seeking volunteer hours to fulfill the requirements of a student internship or practicum?

Yes _____ No _____

If so, Field Of Study _____

Please explain the requirements of your student internship or practicum: _____

Employment/Volunteer History(s)

Current Employer or Volunteer Organization _____

Dates of Employment/Volunteer Work: _____

Brief Position Description:

Previous Employers/Volunteer Experiences (Please list places and dates of last 5 years of employment or volunteer experience prior to current employment/volunteer experience):

1. Place of employment/volunteer work: _____

Dates of employment/volunteer work: _____

Brief description of duties:

2. Place of employment/volunteer work: _____

Dates of employment/volunteer work: _____

Brief description of duties:

3. Place of employment/volunteer work: _____

Dates of employment/volunteer work: _____

Brief description of duties:

4. Place of employment/volunteer work: _____

Dates of employment/volunteer work: _____

Brief description of duties:

If you have never been employed or volunteered, please provide names, addresses, phone numbers, and the nature of your relationship to 3 personal, non-relative references we may contact.

1. Name of reference/nature of relationship _____
Address/phone number of reference _____

2. Name of reference/nature of relationship _____
Address/phone number of reference _____

3. Name of reference/nature of relationship _____
Address/phone number of reference _____

How did you hear about us? _____

What type of volunteer work would you like to do at Connections? (Please Check Below)

Recreation _____ Receptionist _____ Tutoring _____ Gardening _____ Cooking _____

General _____ Fund Raising _____ Counseling _____ Technology _____

Teaching a Skill or Hobby _____

Other (please explain) _____

How much time can you give?

Weekly _____

Or Monthly _____

Or Per Semester

Have you or any members of your family had any association with Connections Individual and Family Services, Inc.?

Yes No If yes, what was the nature of that association? _____

The next two questions are required by law:

Have you ever been convicted, or pled guilty or no contest to, a felony or a misdemeanor classified as an offense against the person or family, or of public indecency, or a violation of the Texas Controlled Substance Act?

Yes _____ No _____

If yes, when? _____

If yes, please explain. Important: For purposes of volunteer work or employment with Connections Individual and Family Services, Inc., "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court ordered restitution.

Do you have any health problems that could be considered contagious?

Yes _____ No _____

If yes, please specify: _____

- Necessary in obtaining "Child Care Criminal History Check," a licensing requirement of the Texas Department Of Human Services.

APPLICANT'S STATEMENT: I, _____, am aware of the State requirements to carefully screen all volunteers working directly with children. I understand and agree to this because the information which might be revealed is required by Texas Department of Family and Protective Services licensing requirements to protect the youth and/or the clients we serve. Based on the above, I hereby expressly agree to and release Connections Individual and Family Services, Inc. and its employees from any and all liability from the procurement of such information from any source.

I certify that the answers given in my attached application are correct and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge from any current or future volunteer work or consideration or employment. I understand that I am required to abide by all rules and regulations of the Agency.

In connection with my application for volunteer work with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, motor vehicle, drug testing, reference checks with previous employers or volunteer sites, and a Tb test. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment or volunteer work. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

As a condition of my volunteer work, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered for volunteer work with Connections Individual and Family Services, Inc. I authorize and physician, laboratory, hospital, or medical professional retained by Connections Individual and Family Services, Inc. for screening purposes to conduct such screening and to provide the results to Connections Individual and Family Services, Inc., and I release Connections Individual and Family Services, Inc. and any person affiliated with Connections Individual and Family Services, Inc. and any such institution or person conducting the screening from liability therefore.

I agree to immediately notify Connections Individual and Family Services, Inc. if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if approved for volunteer work.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. It is further understood, in the event of approval for volunteer work, I will be required to either show proof of a negative Tb test result taken within the last year or to obtain a current Tb test at my expense prior to final approval for volunteer work.

Signature of Applicant

Date

The best time for me to help at a regularly-scheduled time each week is:

	Morning_____	Afternoon_____	Evening_____
Monday			
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Comments:_____

For Intern Applicants Only:

Internship Requirements : Total Hours Needed _____ Hours Per Week _____
Weeks/Months _____

PRIOR EXPERIENCE: Including earlier Associate or Undergraduate degrees, work experience, volunteer experience. (Resume and School Documentation may be attached)
