



Volunteer Application

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

OTHER FIRST NAMES: _____ OTHER MIDDLE NAMES: _____ OTHER LAST NAMES: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ CONTACT NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ GENDER: ☐ M ☐ F DRIVERS LICENSE #: _____

ETHNICITY: HISPANIC NON-HISPANIC RACE: WHITE BLACK ASIAN AMERICAN INDIAN NATIVE HAWAIIAN

Why would you like to volunteer at Valley Haven? _____

What are you interested in doing while volunteering at Valley Haven? _____

PROPOSED DAYS & TIMES YOU ARE AVAILABLE: _____

SKILLS/CERTIFICATIONS: _____

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby authorize VALLEY HAVEN INC. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that VALLEY HAVEN INC. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

Volunteer's Name- Printed

Signature of Volunteer

Date

I understand that I must immediately report any suspected incident of abuse, neglect, or exploitation to the Texas Abuse and Neglect Hotline at 1-800-252-5400 and Valley Haven's Executive Director or Program Director immediately.

Signature: _____

Date: _____

I understand that photos are NOT to be taken of children. INITIAL: _____

Please contact Pamela Alvarez, Program Director with any questions at pamalvarez@valleyhaveninc.org or 956-342-2440

FOR OFFICE USE ONLY

TB TEST: ☐ Yes ☐ No Background Check: ☐ Yes ☐ No Approved: ☐ Yes ☐ No Approved by: _____