



# Volunteer Application and Agreement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent or

Guardian if under 18 years: \_\_\_\_\_

\*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: \_\_\_\_\_ Tele: \_\_\_\_\_ (H); \_\_\_\_\_ (O)

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

Volunteer /Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

### Emergency

Contact: \_\_\_\_\_

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who volunteer here? \_\_\_\_ Yes \_\_\_\_ No

When you are available to volunteer (specify hours of availability)?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Holidays only \_\_\_\_\_

Types of volunteer work you think you'd be most comfortable with:

\_\_\_ Helping with a group activity      \_\_\_ Social Events      \_\_\_ Working one on one

\_\_\_ Mentor      \_\_\_ Others (Provide Details).....

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No \_\_\_

Yes \_\_\_; Have you been convicted of a crime? No \_\_\_ Yes \_\_\_ If yes, please describe:

**BACKGROUND CHECK:** UPASNA may requires volunteers working with individual consumers to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with consumers.

\_\_\_\_\_I agree to have a background check.

**HEALTH:** UPASNA may require volunteers to disclose any health related injuries, illness or physical limitations and also any medications currently taken.

\_\_\_\_\_I agree to provide the above health related details

**REFERENCES:** List two people, not related to you who have knowledge of your qualifications.

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

\_\_\_\_\_ I need the following accommodation(s) to work as a volunteer: \_\_\_\_\_

As a volunteer for UPASNA, I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that UPASNA may terminate this agreement at any time without prior notice for any reason. I hereby authorize UPASNA to check my references, and I understand that a criminal background check may be required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against UPASNA, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for UPASNA. Further, I agree that UPASNA, is not liable for any damage to my property or my dependent’s property resulting from volunteer work for UPASNA. I agree that this release is as broad and inclusive as permitted by the laws of the State of Texas.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_