



Life Skills Center

Phone: 972-709-1180

E-mail volunteer@sotminc.com

Website: www.sotminc.com

VOLUNTEER APPLICATION

Please return this completed application to: SOTM Volunteer Program

Department: 549 W. Wheatland Road, Duncanville, Texas 75116 or e-mail to volunteer@sotminc.com

To protect the well-being of our clients, SOTM and its supporters require the following information from you in order to serve as a volunteer. The rigorous screening of this application process is for your safety and the safety of program participant. **Please print legibly**

Check the box that applies: First-time Volunteer Returning Volunteer

Placement Interest: I prefer to work with (Check all that applies):

Youth 13-17 Young Adult 18-20 Adult 21 and older

Date _____ Mrs. Ms. Mr.

Last Name _____ First Name _____ Mid Int. _____

Address _____

(Street)

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Cell Phone _____ Birth Date _____

Church Home _____ Pastor _____ (if any)

Education *Please circle one* High school, College 1,2,3,4 Graduate 1, 2, 3 MA, Ph.D.

Date of Birth _____ Marital Status _____ Number of Children _____

Driver's License number _____ Social Security _____

One thing you would like to share about yourself _____

What is your occupation? _____ Place of employment _____

Do you have any special skills? (Computer, Teaching, Singing) _____

How did you learn of SOTM? _____

What other agency have you volunteered with? _____

Are you currently a member of an organization? (Provide name) _____

In the event of an emergency, contact _____

Relationship _____ Phone () _____

Address _____ City _____ State _____ Zip _____

SOTM VOLUNTEER AGREEMENT FORM

Volunteer Name _____

Getting to Know You: Please check one from each of the following pairs below. Are you

<input type="checkbox"/> Quiet	<input type="checkbox"/> Talkative	<input type="checkbox"/> Serious	<input type="checkbox"/> Funny	<input type="checkbox"/> Laid back	<input type="checkbox"/> Energetic
<input type="checkbox"/> Follower	<input type="checkbox"/> Take charge	<input type="checkbox"/> Carefree	<input type="checkbox"/> Punctual	<input type="checkbox"/> Patient	<input type="checkbox"/> Time keeper

Availability

Please indicate the days and times you are usually available to volunteer.

DAY(S)	MON	TUE	WED	THR	FRI	SAT	SUN
From:							
To:							

T-shirt or Polo Shirt size:

4X-Large <input type="checkbox"/>	XXX-Larger <input type="checkbox"/>	XX-Large <input type="checkbox"/>	X-Large <input type="checkbox"/>	Large <input type="checkbox"/>	Medium <input type="checkbox"/>	Small <input type="checkbox"/>	Youth Small <input type="checkbox"/>
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Upon signing this agreement, I am making a commitment to serve as a volunteer for SOTM and for a period of time, which are mutually accepted, beginning _____, ending _____, (date)

My primary job assignment will be _____, in the _____ Office.

I promise to keep confidential information, which comes to me in the fulfillment of these duties.

Except in the direst emergency, I will notify the SOTM office 24 hours before my scheduled time if I am unable to work.

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK / PRE-VOLUNTEER PLACEMENT SCREENINGS: *The following searches (marked with an "X") will be conducted pre-service, for anyone having contact with youth-per government regulations /requirements:*

Social Security Verification	X	County Criminal Record	X
Employment Verification (past and current)		State Criminal Record	X
Motor Vehicle Record		Federal Criminal Record	X
DHHS Registry	X	Sexual Predator Registry	X
Wants and Warrants	X	DFPS-CPS (RCC) (CPA)	

(Signature) _____
(Date)

REFERENCES

Please Provide Personal and Professional References

Important: Please print the complete names and addresses of your references so they are easily readable. References should be by people who are not related to you and who know your suitability for the position for which you are applying, such as coworkers, neighbors, friends, pastors, etc. We ask that you sign the "Release of Information" requested below so that we may notify your references of your desire for their response to the reference inquiry they will receive from SOTM. **Our policies require that reference records be on file before you can be placed in a volunteering position.**

Provide one professional reference:

(1) Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email Address _____

How long have you known this person? _____ Relationship: _____

Provide two personal references:

(2) Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email Address _____

How long have you known this person? _____ Relationship: _____

(3) Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email Address _____

How long have you known this person? _____ Relationship: _____

Release of Information Request:

I have applied with SOTM volunteer position which may require that I provide references who can be contacted so that SOTM may be fully advised of my qualifications for this position. I, therefore, respectfully request that you furnish the necessary information to SOTM Life Skills Center ATT: Volunteer Coordinator; 549 W. Wheatland Road; Duncanville TX 75116, and I hereby release you from any and all liability of damages for providing the information requested.

Applicant's Signature

Date