



San Antonio State School ~ Community Relations Office

6711 S. New Braunfels San Antonio, TX 78223 • Tel. (210) 531-3728

Volunteer Application

Volunteer Information:

Name	_____			Birth date _____	
	<i>last name</i>	<i>first name</i>	<i>middle initial</i>	Male	Female
Home Address	_____				
	<i>street</i>				
	<i>city</i>		<i>state</i>	<i>zip code</i>	
Phone Numbers	_____				
	<i>home</i>		<i>work</i>		
Email Address	_____				SSN _____
Employer	_____			Full time	Part time
Education	High School	College	Other (specify): _____		

Volunteer Placement

Days/hours available	_____				
Length of commitment	_____				
Dates of service	Beginning _____		Ending _____		
Site Preference	Client contact	Office/Operations	Special events	Fundraiser	
	Other (specify): _____				
Class credit?	Yes	No	School / college / university _____		
			Teacher / instructor / professor _____		
	Contact Information: _____				
Transportation:	City	Own	Are you willing to transport clients/others?		Yes No
Valid driver's license	Yes	No	License # _____		
Insurance:	Do you have the minimum auto liability required by law?				Yes No



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Skills/Interests/Training/Volunteer Experience:

Please list any skills or experience that you feel would benefit your volunteer placement:

References:

Please list 2 references (*other than relatives*):

<i>Name</i>	<i>Relationship to Applicant</i>	<i>Contact phone number including area code</i>
<i>Name</i>	<i>Relationship to Applicant</i>	<i>Contact phone number including area code</i>

Background History:

Have you ever been convicted of any violation? Yes No

If "yes" - please explain: _____

Do you understand that a criminal history will be conducted before your placement begins? Yes No

Do you understand that if the criminal history report indicates a conviction for any offense contraindicative to your volunteer placement, you may be terminated immediately? Yes No

I agree to adhere to all facility and departmental rules, policies and procedures pertaining to my volunteer placement. I understand that I will complete all required orientation and placement-specific training as outlined by facility staff representatives. All the information on this application is accurate to the best of my knowledge.

Volunteer's signature _____
Date

Emergency Contact:

<i>Name</i>	<i>Relationship</i>	<i>day/evening phone</i>
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No volunteer shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any of the policies of the department or any of its component facilities based on: race, color, national origin, religion, sex, handicap, veteran status or political affiliation.