



## Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Special Professional Training, Skills, hobbies: \_\_\_\_\_

Community Affiliations (Clubs, Organizations, etc.): \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Special Professional Training, Skills, hobbies: \_\_\_\_\_

Do You have a Valid Driver's License?  Yes  No

Have you ever been convicted of or plead guilty to any crime(s)?  Yes  No

If yes, please describe each in full? \_\_\_\_\_

Have you ever been refused participation in any other youth programs?  Yes  No

If yes, explain: \_\_\_\_\_

In case of emergency, who would you like us to contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many hours would you like to volunteer per week? \_\_\_\_\_ Min. \_\_\_\_\_ Max.

What days & times are you would like to volunteer:

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

Please check your interest(s):

- Administrative Roles
- Marketing/Public Relations
- Website Development
- Fundraising/Development/Grant Writing
- Business/Human Resources/Accounting
- Online Journal Editing
- Other: \_\_\_\_\_

**As a condition of volunteering, I give permission for Houston-Galveston Institute (HGI) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon HGI receiving no inappropriate information on my background.**

**I hereby release and agree to hold harmless from liability HGI, the directors, officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HGI is not obligated to appoint me to a volunteer position.**

**If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Director and removal by the Board of Directors for violation of Houston Galveston Institute policies or principles.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name (Please print): \_\_\_\_\_

*Note: Houston Galveston Institute will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability*