



TEXOMA FAMILY SHELTER – Volunteer Application

Please Print Neatly

Full Legal Name: _____

Address: _____

How long: _____ If less than 2 years provide a 2nd address: _____

List cities and counties you have lived in for the past 10 years: _____

Phone #: _____ Email: _____

Date of Birth: _____

In case of an emergency whom would we contact? Name:

Relationship to you: _____ Phone #: _____

Volunteer type you want to give (Please check hours & frequency)

_____ 1-2 times, just until I get my services hours in _____ Weekends

_____ Weekly or Monthly _____ Weekdays

_____ Only during School Vacations _____ Occasional

Days of the week (check all that apply)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Hours preferred (Usually between 8:30 a.m. & 8:30 p.m) _____ to _____

What kind of volunteer services can you offer?

_____ Stocking/inventory of items _____ Office _____ Kitchen/Cook

_____ Child care/tutoring _____ picking up donations (use your vehicle)

_____ Help with donations

_____ Specific _____

References:

Name: _____ Phone: _____

How long and how do you know them? _____

Name: _____ Phone: _____

How long and how do you know them? _____

How did you hear about volunteering here at TFS? _____

Do you know or are you related to anyone at TFS?) _____

By signing below, you agree to having TFS conduct the following checks

CRIMINAL HISTORY CHECK: _____ STAFF: _____

SEX OFFENDER CHECK: _____ STAFF: _____

CONFIDENTIALITY: Information regarding callers or clients of the Texoma Family Shelter is confidential information. Please be respectful of the clients and others at the center and keep personal information you may hear or see about them to yourself.

PLEASE READ THE FOLLOWING AND SIGN FOR OUR RECORDS

I will not hold Texoma Family Shelter or anyone involved with the Shelter liable for any physical or mental injury sustained while performing volunteer duties at the center.

I will conduct myself in a professional manner and represent the Shelter in a positive manner to others. I have not been charged with theft, injury to a child or assault against another person. By my signature I give the Shelter representative the right to perform a law enforcement background check. This is for everyone's protection.

TFS does not allow any sort of harassment or discrimination. No sexual, racial, religious, intolerance will be tolerated. Humor is subjective and needs to be carefully moderated. Touching residents and / or staff unless it is a part of the services (such as cutting hair) is expressly forbidden.

Signature

Date

THANK YOU FOR VOLUNTEERING AT THE SHELTER. YOU WILL BE VERY HELPFUL TO US & WE HOPE IT WILL BE REWARDING FOR YOU.