

PROYECTO JUAN DIEGO

VOLUNTEER APPLICATION FORM



We are an **Equal Opportunity Employer** and make employment and volunteer decisions without regard to race, color, religion, genre, sexual orientation, national origin, citizenship, age or disability. Our organization encourages the participation of volunteers who support our Mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form is confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our Organization.

Name

Phone Number

Date of Birth

Home Address

City, State

Employed By (if employed)

Phone Number

Address

May you be called at work? ☐ **Yes** ☐ **No**

Brief Description of work: _____

Formal Education (highest year of school completed): _____

Do you speak a foreign language? ☐ **Yes** ☐ **No** If Yes, which language? _____

Do you drive? ☐ **Yes** ☐ **No** Do you have regular access to a car? ☐ **Yes** ☐ **No**

Current Community Activities: _____

Have you done volunteer work at another nonprofit? ☐ **Yes** ☐ **No**

If yes, where and what did you do? _____

What skills, training, or knowledge do you wish to utilize here? _____

What are your reasons for wanting to participate as a Proyecto Juan Diego volunteer? _____

How did you hear about Proyecto Juan Diego? _____

Please check any of the following that you would like to volunteer for:

- ☐ Citizenship
- ☐ Receptionist/ Basic Data Entry
- ☐ Integrated Family Program
- ☐ Maintenance
- ☐ Other Activity: _____

Please list the times you will be available to volunteer:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

Have you ever been convicted of a crime other than a traffic violation? ☐Yes ☐No

If yes, please explain: _____

Please list 3 references of people that know you well other than relatives:

Name	Address	Phone	Relationship
1. _____			
2. _____			
3. _____			

In case of emergency, please contact:

Name: _____ Phone (W) _____ (H) _____

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions): _____

As a volunteer of PJD I agree to abide by the volunteer policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for an accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature

Date

Authorization [Confidential]

My Full Name is _____

I hereby authorize Proyecto Juan Diego to obtain from the Texas Department of Public Safety or from a vendor all available criminal history record information relating to me. A copy of my ID or Drivers License is needed. My Social Security number is _____.

Printed Name

Signature

Date

[For Office Use Only]

_____ Interview _____ Orientation _____ God's Children _____ Other