

15.1.2 PROGRAM VOLUNTEER APPLICATION

Personal Information

PLEASE PRINT – LIST ONLY NUMBERS WHERE WE MAY CONTACT YOU OPENLY. YOUR INFORMATION IS CONFIDENTIAL.

NAME		DATE OF BIRTH / /	SSN . .
ADDRESS		CITY	ZIP .
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -	
EMAIL ADDRESS	EMERGENCY CONTACT	PHONE () -	

If you speak languages other than English, please list:

_____ Speak Read Write
 _____ Speak Read Write
 _____ Speak Read Write

How do you identify yourself? Gay/Lesbian Bisexual Transgender Heterosexual

Are you willing to identify yourself as such to program participants? Yes No

If your answer is heterosexual, what is your connection to the GLBT community? _____

Do you have reliable transportation? Yes No Metro Do you have a multi-line phone at home? Yes No

Have you, your spouse or a family member received services at MCC within the last 24 months? Yes No Not Sure

Volunteer Experience

PLEASE LIST ALL PRESENT OR PAST VOLUNTEER POSITIONS . (USE SECTION ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.)

PROGRAM/AGENCY	POSITION	SUPERVISOR	PHONE
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -

Education/Skills

Highest level of education: High School/GED Some college Associates Bachelors Masters PhD

Licenses/certifications: _____

Are you currently a student? Yes No Name of school: _____

Describe other training, skills, talents: _____

Availability

How many hours per week would you like to volunteer? _____

FOR EACH DAY OF THE WEEK SELECT THE "SHIFTS" YOU ARE AVAILABLE, OR ENTER YOUR OWN PREFERRED HOURS.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight
OTHER: -	OTHER: -	OTHER: -	OTHER: -	OTHER: -	OTHER: -	OTHER: -

Areas of Interest

SELECT ALL AREAS OF SERVICE AND/OR PROGRAMS THAT YOU MAY BE INTERESTED IN, OR WOULD LIKE TO KNOW MORE ABOUT.

GENERAL SUPPORT

- Clerical
- Data entry
- Web programming
- Information tables (i.e., fairs, festivals)
- Speaker's Bureau
- Building maintenance
- Landscaping / beautification
- Other: _____

GAY & LESBIAN SWITCHBOARD HOUSTON

- Hotline: information / crisis intervention
- Website maintenance
- Tell me more about this program

CASE MANAGEMENT

- Volunteer Case Manager

Minimum commitment is 4 hours/wk. for at least 9 mos.

SENIORS PREPARING FOR RAINBOW YEARS

- Social Outings
- On-site educational/recreational activities
- Peer support (must be GLBT and age 55+)
- Cyber Center (computer lab)
- Website maintenance
- Information tables (i.e., fairs, festivals)
- Tell me more about this program

ANTI-VIOLENCE PROGRAM

[Sexual assault, domestic violence, and hate crimes.]

- Hotline: information / crisis intervention
- Face-to-face crisis intervention
- Hospital accompaniment
- Court accompaniment
- Law Enforcement accompaniment
- Tell me more about this program

HATCH YOUTH PROGRAM

- Activities facilitator – Friday nights
- Activities facilitator – Sunday nights
- Activities facilitator – After-school
- Tutoring/Cyber Center (computer lab)
- Website maintenance
- Alternative Prom & special events
- Radio show
- Tell me more about this program

SPECIAL EVENTS & FUNDRAISING

- Working at fundraising events
- Event planning committee service
- Soliciting goods/services for auction
- Giving building tours
- Inviting contacts to attend events
- Writing thank-you letters

1. Have you ever been convicted of or charged with a felony resulting in a disposition other than acquittal or dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had any licensing board or professional ethics body require you to surrender your license or found you guilty of professional misconduct, unprofessional conduct, incompetence or negligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had your professional license, professional liability insurance or bond denied, revoked, not renewed or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any charges or complaints pending against you by any licensing board or professional ethics body for professional misconduct, unprofessional conduct, incompetence or negligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you aware of any circumstances that may result in any claim or suit being made against you regarding your current or past professional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any professional liability claim or suit ever been made against you for your professional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'Yes' to any of questions 1-6 above, please provide a detailed explanation in a separate attachment.

References

PLEASE LIST THREE (3) PERSONS OTHER THAN RELATIVES . (USE COMMENTS SECTION BELOW IF ADDITIONAL SPACE IS NEEDED.)

NAME	RELATIONSHIP	ADDRESS	PHONE
			() -
			() -
			() -

How did you learn about our volunteer opportunities? _____

What do you hope to gain through your volunteer experience? _____

Do you hold any beliefs or life experiences that may limit your ability to work with G/L/B/T persons, elders, youth, suicidal persons, or survivors of sexual assault or domestic violence? If so, please explain: _____

Additional comments/information: _____

Thank you for your interest in volunteering with MCC. We appreciate your desire to become a volunteer. Please be aware that we will screen each applicant and check their references before training. Once we approve an individual for training, they must successfully complete the required training course. The supervisor will then determine when a volunteer can work in their requested area and sign up for a shift. We will not allow a person who does not complete the training course requirements or who does not follow their job description agreement to volunteer for this program. Each candidate has the right to discuss problems or concerns with the supervisor as needed.

By signing below, you indicate your agreement with the following:

I have read and understand the above information and the program policies and procedures and agree to abide by them. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted as a volunteer, falsified statements contained on this application may be considered grounds for dismissal. I authorize investigation of all statements contained herein and contact of the references listed above to give you any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing same to MCC.

Applicant's Signature _____/_____/_____
Date

Return completed application to: Montrose Counseling Center **Fax** 713.526.4367 **Email** communitydev@montrosecounselingcenter.org
401 Branard, 2nd Floor
Houston, TX 77006

OFFICIAL USE

Application Rec'd _____/_____/_____
References Checked _____/_____/_____
Supervisor Assigned: _____

Interviewed _____/_____/_____
Training Completed _____/_____/_____
By _____