



**VOLUNTEER APPLICATION**  
**CONFIDENTIAL**

<b>For Office Use Only</b>
Date of Application: _____
Date of Orientation: _____

**Contact Information:**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Preferred Name

\_\_\_\_\_  
Street Address                      Apt. #                      City, State                      Zip Code

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Number                      Email Address

**Business Information**

Current Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does your company offer a MATCHING GIFT FUND or COMPANY CONTRIBUTION for your volunteer service?  
 Yes                                       No

**Educational Background:**

Level of education:

- |  |  |
|--|--|
| <input type="checkbox"/> Less than High School           | <input type="checkbox"/> College Graduate          |
| <input type="checkbox"/> Currently a High School Student | <input type="checkbox"/> Graduate School           |
| <input type="checkbox"/> High School Graduate            | <input type="checkbox"/> Business/Technical School |
| <input type="checkbox"/> G.E.D.                          | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Some College Work               |  |

How did you hear about The Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have previous volunteer experience? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

**Volunteer Interest**

In what area would you like to volunteer at The Council? \*

(check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Assessment & Counseling | <input type="checkbox"/> Prevention Resources & Services & PRC6 |
| <input type="checkbox"/> Grounds keeping         | <input type="checkbox"/> Women's & Children's Services          |
| <input type="checkbox"/> Workshops & Events      | <input type="checkbox"/> Center for Recovering Families         |
| <input type="checkbox"/> Workplace Services      | <input type="checkbox"/> Wellderly Program                      |
| <input type="checkbox"/> Triage Help-line        | <input type="checkbox"/> Accounting & Administrative Services   |

**\*Note: Volunteer positions do not typically have direct client contact due to licensing requirements.**

**Special Skills**

Please check all that apply:

**Computer skills:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> PageMaker   |
| <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> In Design   |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microsoft Access     |                                      |

**General Office Skills:**

- Typing wpm \_\_\_\_\_
- Answering phones
- Copier/Fax
- Filing/Sorting
- Data Entry
- Other \_\_\_\_\_

**Grounds-keeping skills:**

- Mowing
- Edging
- Pruning
- Planting
- Weeding
- Other \_\_\_\_\_

What other skills or talents do you have that you can offer as a Volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any foreign languages?

\_\_\_\_\_  
Language

\_\_\_\_\_  
Read?

\_\_\_\_\_  
Write?

\_\_\_\_\_  
Language

\_\_\_\_\_  
Read?

\_\_\_\_\_  
Write?

**Availability**

Can you commit to a regular time each week? \_\_\_\_\_

Can you volunteer 2 – 5 hours per week? \_\_\_\_\_

Can you volunteer 3 – 5 days per month? \_\_\_\_\_

Can you commit to volunteering with The Council for 1 year? \_\_\_\_\_

Please indicate times and days of the week you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*

\*Some Venue events take place on Saturday

Are there any duties that you cannot perform? If there are, please explain.

\_\_\_\_\_

\_\_\_\_\_

Are you willing to sign a confidentiality agreement about information or people you might see within the scope of your volunteering duties? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to allow The Council to do a background check and/or a drug test depending on the volunteer task? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the information contained in this application is correct to the best of my knowledge and understand that if I become a Volunteer of the agency, false statements, misstatements, or omissions on this application shall be considered sufficient for dismissal in accordance with The Council on Recovery's Volunteer Policies. I agree to conform to the rules and regulations of The Council on Recovery and understand that any failure to do so is cause for my termination as a Volunteer. You are hereby authorized to make any investigation on the information contained on this application through any investigation method of your choice.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Parent/Guardian (if Volunteer is a MINOR) \_\_\_\_\_

Volunteer Coordinator: Brittany Horine  
Email Address: [volunteers@council-houston.org](mailto:volunteers@council-houston.org)  
Direct Line: 281-200-9336

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Physical address: 303 Jackson Hill Street | Houston, Texas 77007  
Mailing address: P.O. Box 2768 | Houston, Texas 77252-2768  
713-942-4100 | 713-400-6684 Fax