



CONFIDENTIAL VOLUNTEER APPLICATION

**I. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_  
Maiden Name, Other Surnames, etc.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

How did you hear about Brazos Bend Guardianship Services? \_\_\_\_\_

Are you fluent in any foreign language? (please list) \_\_\_\_\_

**II. EDUCATION**

Highest Level of Education completed \_\_\_\_\_

Area of Study: \_\_\_\_\_

**III. EMPLOYMENT HISTORY**

Please provide the following information. Begin with the most recent position. Attach additional sheet(s) if necessary.

Current Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How long at your current position? \_\_\_\_\_ # of hours worked each week \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**IV. Volunteer Related Information**

How much time can you contribute to volunteering? (Please indicate one)  
\_\_\_\_\_ 2-4 hours/month \_\_\_\_\_ 4-6 hours/month \_\_\_\_\_ 6-10 hours/month \_\_\_\_\_ 10+hours

When are you available? \_\_\_\_\_ Weekdays(\_\_\_\_ A.M. \_\_\_\_\_ P.M.) \_\_\_\_\_ Weekends  
\_\_\_\_\_ Evenings

What type of volunteer position(s) are you interested in: (please check all that apply)  
\_\_\_\_\_ Money Management \_\_\_\_\_ Guardian Angel \_\_\_\_\_ Administrative

What are your interests/hobbies? \_\_\_\_\_  
\_\_\_\_\_

**IV. Previous and/or current volunteer experiences (name of organization & duties performed):** \_\_\_\_\_  
\_\_\_\_\_

**V. SPECIAL SKILLS / QUALIFICATIONS:**

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

**VI. CRIMINAL HISTORY INFORMATION**

Do you use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your driver's license ever been suspended or revoked in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been arrested, charged or convicted of a crime other than a traffic violation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been a plaintiff or defendant in a civil lawsuit other than a divorce?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If answered yes to any of the above, please provide a brief explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. REFERENCES (Please list spouse if married. If not married, list only one family member. The other 3 names should be individuals that have known you at least 3 years and not related to you in any way. No former employers)**

Spouse/family member: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

EMERGENCY CONTACT: Please include: Name, Address, Phone # & Relationship

\_\_\_\_\_  
I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You may fax, mail or e-mail this application back to:**

**Brazos Bend Guardianship Services  
PO Box 72  
Rosenberg, TX. 77471**

**Fax: 281-310-8700**

**e-mail: [kmonroe@brazosbendguardianship.org](mailto:kmonroe@brazosbendguardianship.org)**