



Volunteer Application

If you need additional space, please use the back. Please print clearly.

Date _____ Start Date _____

Name _____

Address _____

email address _____ home number _____

birthday _____ work phone _____

How did you hear about PATH? _____

Have you ever volunteered before? _____ If yes, please explain. _____

Briefly describe previous and/or present employment experience. _____

Special interests, hobbies and talents _____

Do you have any physical limitations that may limit the volunteer work you can do? _____

If yes, please explain. _____

Please list two emergency contacts:

| Name | Address | Phone number |
|------|---------|--------------|
|------|---------|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Which of our volunteer opportunities appeals to you? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Grant writing/development | <input type="checkbox"/> Special seasonal projects |
| <input type="checkbox"/> Brown Bag delivery | <input type="checkbox"/> Home repairs | (see following page for details) |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Lawn care | <input type="checkbox"/> PATH Week sign delivery (September) |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Speaking engagements/promotional fairs |
| <input type="checkbox"/> Caseworker | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Web design |
| <input type="checkbox"/> Grocery/supplies pick-up | <input type="checkbox"/> Prescription Program | |

Why do you want to volunteer your time at PATH? _____

When are you available to do volunteer work? Please check available time slots.

| | 8:30 am-12:30 pm | 12:30 pm-4:30 pm |
|-----------------------|------------------|------------------|
| Monday | _____ | _____ |
| Tuesday | _____ | _____ |
| Wednesday | _____ | _____ |
| Thursday | _____ | _____ |
| Friday | _____ | _____ |
| Evenings and weekends | _____ | _____ |

Is there any additional information that you would like to add? _____

(Optional) Are you a member of a congregation? _____ If so, which one? _____

Is your desire to volunteer representative of a civic group, club, organization or congregation?
_____ If so, please name the group. _____

The following is required by Texas state law:

Have you ever been convicted of a felony? ___ yes ___ no

Have you ever been convicted of a misdemeanor? ___ yes ___ no

If you answered yes to either of the above questions, please describe: _____

Printed name _____

Signature _____ Date _____

Special Seasonal Projects that do need volunteer support include the following. Please circle any that you would like to help out with:

- Together We Can (February)
- Diaper Derby (May)
- School Supply Train (July-Aug.)
- PATH Week (Aug.-Sept.)
- Coats for Kids (Fall)
- Christmas in the Neighborhood (Fall through Dec.)