



Volunteer Application

Volunteers: Volunteer@mcwctx.org Undergraduate Interns: Volunteer@mcwctx.org

Shelter Interns: Volunteer@mcwctx.org

Thank you for your interest in the MCWC volunteer and/or intern program. We appreciate your desire to become an advocate for domestic violence and/or sexual assault survivors, their family members and friends.

The policy of MCWC does not allow former clients to volunteer or intern if they have received services from MCWC within the last six months.

Are you a current or former client of the organization? Yes No

If yes, list last date of service _____

PERSONAL INFORMATION *(please print all information)*

Application Date _____

Name (First, Middle, Last) _____ DOB _____

Nickname (if applicable) _____

Address _____

Home phone _____ Mobile phone _____ Office phone _____

Email _____

Employer _____ Occupation/Title _____

Marital Status: Single Married Divorced Widowed

Spouses name (if applicable) _____

REFERRAL INFORMATION

How did you learn about our volunteer program? (Please check all that apply)

- Newspaper Speaker from MCWC Radio Television School Speaker from MCWC MCWC volunteer
 Online: What site? _____

What languages do you speak fluently? English Spanish Other: _____

What languages do you read and/or write? English Spanish Other: _____

Special skills or hobbies: _____

Which volunteer opportunities are you interested in? (Please check all that apply)

Administrative Child Care Resale store Special events Shelter assistant Legal attorney Legal (admin) Telephone advocate Child activities Other: _____

IMPORTANT INFORMATION

*MCWC will complete a background check on prospective volunteers.
All prospective volunteers are required to successfully complete required training.*

Are you currently on probation, parole, or completing community service hours? Yes No If yes, explain:

Have you been arrested, charged, or convicted of an assault(s) or felony? Yes No If yes, explain:

Have you been under investigation through TDFPS (CPS and/or APS)? Yes No If yes, explain:

I have read and understand the above information. I hereby authorize Montgomery County Women's Center to conduct a background and reference check.

Signature

Date

The following demographic information would be helpful when gathering statistics but is not required.

Sex: Female Male

Ethnicity: Caucasian African-American Hispanic Asian Native American Other: _____

Level of education: GED High school Associates degree Bachelors degree Graduate degree
 Business/Tech Other: _____

EMERGENCY INFORMATION

Submission of this information and form is voluntary for all MCWC volunteers/interns. This form is intended only as a source of information in the event of a life-threatening illness or injury.

Name (First, Middle, Last) _____ DOB _____

Address _____

Emergency Contact: _____

Emergency contact phone number: _____

Emergency contact relationship to you: _____

Name of physician: _____ Phone _____

Choice of hospital: _____ Phone: _____

List any existing medical conditions (diabetes, hypertension, etc.):

List all allergies to foods, medications, etc. and describe symptoms of reactions:

List all medications taken regularly:

Do you wear contact lenses? Hard Soft No

I give the Montgomery County Women's Center permission to release the above information to appropriate personnel in the event of an accident or medical emergency.

Signature

Date

For office use only:

Background check completed (date): _____ *attach copy to application

Confidentiality: _____ Home-Study: _____ OAG: _____

Volunteer training: _____ Volunteer Type: _____

Completed by: _____

Name & title: _____

Comments: _____

Montgomery County Women’s Center

FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Montgomery County Women’s Center and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, internship, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Montgomery County Women’s Center or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer’s rights will be provided to me.

Signature

Date

Printed Name (First, Middle, Last)