



Referred by: \_\_\_\_\_

## VOLUNTEER INFORMATION FORM

Date \_\_\_\_\_

Please complete the following information form. Although some of these questions may feel invasive, they are necessary for the protection of our clients and in the processing of references and Criminal Background Information. Confidentiality is important to our organization and yours will be respected. Your cooperation is appreciated!

Name \_\_\_\_\_

Address \_\_\_\_\_ # Years There \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Email address \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City and State) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_ Years There \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

# of Children \_\_\_\_\_ Names/Ages \_\_\_\_\_

Do your children live with you? \_\_\_\_\_

Height \_\_\_\_\_ Weight (approx) \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Race (circle one): Anglo African-American Hispanic Asian Pacific Islander Native American Other

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Drivers License #/State \_\_\_\_\_ Other (Student ID #) \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_  
Name Relationship Phone

Do you expect any changes in marital status, employment or residence within the next year? Yes \_\_\_\_ No \_\_\_\_

Please respond to the following questions. An affirmative response will not necessarily prevent or restrict volunteer activities:

1. Do you use illegal drugs? yes \_\_\_\_ no \_\_\_\_
2. Have you ever been convicted of a criminal offense? yes \_\_\_\_ no \_\_\_\_
3. Have you ever been charged with neglect, abuse or assault? yes \_\_\_\_ no \_\_\_\_
4. Has your driver's license ever been suspended or revoked in any state? yes \_\_\_\_ no \_\_\_\_

If you responded "yes" to any of the above, please provide a brief explanation for the affirmative response: \_\_\_\_\_

Are you a student? Yes \_\_\_\_ No \_\_\_\_ If yes, School/University Name: \_\_\_\_\_

**Personal References** (non-family). *At least one must be a professional reference.*

	<u>Name</u>	<u>Relationship</u>	<u>Email Address</u>	<u>Phone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**List any previous volunteer experiences:**

<u>Organization</u>	<u>Contact Name/Email or Phone</u>	<u>Your Involvement</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____

List any service or groups that you belong to or participate with: \_\_\_\_\_

alley's house has many diverse needs and opportunities for volunteers. Please check your areas of interest:

<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Girl Talk (Phone Mentoring)
<input type="checkbox"/> Education Workshops	<input type="checkbox"/> Special Events Committee	<input type="checkbox"/> Funds Development Committee
<input type="checkbox"/> Administrative	<input type="checkbox"/> Program Committee	<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Child Care	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Other (please specify)

How many hours can you contribute to alley's house? \_\_\_\_\_ Circle: Weekly Monthly Other \_\_\_\_\_  
What days/times are best for you to volunteer? Circle: Evenings Weekends Weekdays  
Do you carry the legal minimum automobile insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you been trained in first aid and/or CPR? Yes \_\_\_\_\_ No \_\_\_\_\_  
Other information you feel may be a valuable contribution to alley's house? \_\_\_\_\_

**If you are interested in mentoring, please complete the following questions concerning matching preferences:**

I prefer to be matched with a teen mom in the following age range: Circle: 13 14 15 16 17 18 19 20 21  
I prefer to be matched with a teen mom in this ethnic group: (Rank 1,2, etc., or check any):  
 Anglo  African-American  Hispanic  Other  Any

**Please read before signing:**

- I understand that the information I have provided may be verified and I give permission to alley's house to make inquiry of others concerning my suitability as a volunteer.
- In the course of volunteering, I may be dealing with confidential information and I agree to keep said information in confidence.
- I affirm that I have read the above and that the information I have given is true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your Driver's License, Liability Insurance Card, the Criminal Background Check Consent Form and the Mentor Profile form if you applying for a mentor position.  
Please scan and email forms to [program.director@alleyshouse.org](mailto:program.director@alleyshouse.org) or mail to: alley's house, 4907 Spring Ave., Suite 103, Dallas, TX 75210. If you have any questions. please call 214.915.9945.