



**VOLUNTEER INFORMATION SHEET**

DATE: \_\_\_\_\_ SS#: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(first) (middle) (last) month/ day/year

MAILING ADDRESS: \_\_\_\_\_  
(Street or Box #) (City) (State) (Zip)

PHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

VOLUNTEER EXPERIENCES: \_\_\_\_\_

LANGUAGES YOU SPEAK: ENGLISH \_\_\_\_ SPANISH \_\_\_\_ OTHER \_\_\_\_ SPECIFY \_\_\_\_\_

DO YOU HAVE YOUR OWN TRANSPORTATION? YES \_\_\_\_ NO \_\_\_\_

DRIVERS LICENSE STATE \_\_\_\_\_ DO YOU HAVE LIABILITY INSURANCE: YES \_\_\_\_ NO \_\_\_\_

LIST THE HOURS PER WEEK YOU WOULD BE WILLING TO COMMIT TO THIS AGENCY?

WEEKDAYS: \_\_\_\_\_ TIME: \_\_\_\_\_

WEEKNIGHTS: \_\_\_\_\_ TIME: \_\_\_\_\_

WEEKENDS: \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE INDICATE YOUR AREAS OF INTEREST:

\_\_\_\_ CLERICAL/OFFICE                      \_\_\_\_ PUBLIC SPEAKING                      \_\_\_\_ FUNDRAISING

\_\_\_\_ PICK UP DONATIONS                      \_\_\_\_ OTHER (\_\_\_\_)

WHAT SPECIAL CONCERNS, IF ANY, DO YOU HAVE ABOUT WORKING WITH ELDERLY? \_\_\_\_\_

\_\_\_\_\_

PLEASE EXPLAIN ANY SPECIAL TIME REQUIREMENTS: \_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM WORKING WITH THIS ORGANIZATION:

\_\_\_\_\_

\_\_\_\_\_

REFERENCES:

**LIST 3 PEOPLE, OTHER THAN RELATIVES, WHO HAVE KNOWN YOU FOR ONE YEAR**

NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED

VOLUNTEER APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPECIAL NOTE TO VOLUNTEERS:**

**VOLUNTEERS ARE A VITAL PART OF THIS ORGANIZATION. WE WELCOME ANY IDEAS OR SUGGESTIONS YOU MAY HAVE AND WE WELCOME THE OPPORTUNITY TO WORK WITH YOU AND ANSWER ANY OF YOUR QUESTIONS. PLEASE FEEL FREE TO CALL ON OUR STAFF IF YOU NEED ANY ASSISTANCE. TOGETHER WE CAN MAKE A DIFFERENCE!!!**

**WELCOME TO AMIGOS DEL VALLE, INC.**

RULES AND REGULATIONS FOR VOLUNTEERS/AARP/WORKFORCE/TDHS/  
TEMP. AGENCY /COMMUNITY SERVICE

1. Follow and adhere to all safety rules posted, discussed at meetings.
2. Refrain from any unsafe acts that might endanger self or fellow employees.
3. Use all required protective equipment.
4. Report any unsafe situation or act to supervisor immediately.
5. Assume share of responsibility for thoughtless or deliberate acts that cause injury to self or fellow employees.
6. Report all injuries sustained immediately and fill out injury report.
7. Use all precautions when lifting.
8. Do not stand on chairs, shelves, tables, boxes, etc. to reach high areas.  
Be responsible for your own safety and use care to avoid injury to other workers.
9. Will report to work on timely manner and call in at 8:05 if sick and unable to work.
10. Follow dress code no short shirts, shorts, sandals or open toe shoes are permitted.
11. Be respectful at all times.
12. This is a drug-free work place, no drugs, firearms or any kind of knives will be permitted.  
(NO SMOKING AND ALCHOLIC BEVERAGES ALLOWED IN THE PREMISES).
13. Students will be allowed to leave site for lunch only, not on breaks.
14. Do not use cellular phones or office phones during working hours. Only  
Emergency calls are permitted.
15. Under no circumstances will you borrow money or have a romantic relationship  
with any agency participant or tenant. Solicitation of donations from any  
participant must be approved by Department Direct.

I HAVE RECEIVED A COPY OF THE RULES AND REGULATIONS AND FULLY  
UNDERSTAND THEM.

\_\_\_\_\_  
VOLUNTEER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LOCATION

# AMIGOS DEL VALLE, INC.

## **DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR VOLUNTEERS/AARP/WORKFORCE/TEMP. AGENCY**

As part of our procedures for your rendering of services to this agency, we may contact all listed prior/current employers to verify your employment history. It may also include, but not be limited to, criminal history report and driving records. Before we can seek such reports, we must have your written permission to obtain the information.

### **AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

I hereby authorize and permit Amigos Del Valle, Inc. to obtain criminal history reports and driving history records which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, and drug testing.

I hereby authorize Amigos Del Valle, Inc. to obtain information set forth above, as part of its investigation of my volunteer application. This authorization shall remain in effect over the course of my services rendered to the agency. Reports may be ordered periodically during my course of my services.

Full Name \_\_\_\_\_  
(please print clearly)

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date