



901 Clinic Dr, Suite A-109, Euless, TX 76039
817-399-0505

VOLUNTEER APPLICATION

Please Print

Application Date:	Start Date:
--------------------------	--------------------

VOLUNTEER INFORMATION		
Name		
Nickname	Date of Birth	
Street Address		
City	State	Zip
Home Phone		
Cell Phone		
Work Phone		
Email		
Texas Driver's License No.		
Health or Physical information or limitations		
Work Experience		
Please list one reference:		
Name		
Phone		
Have you ever volunteered before: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where/What/Duties:		
What type of volunteer work would you like to do?		
Special interest, hobbies, skills, languages:		
Hours available per week:		
When is the best time to call you?		
Volunteer times available: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

(OVER→)

NORTH TEXAS SNAP, INC. VOLUNTEER AGREEMENT

PLEASE INITIAL THE STATEMENTS BELOW

_____ I agree to not consume or use any tobacco products on any volunteer/mentor assignments.

_____ I agree to not consume, use, possess, or be under the influence of any drug or alcohol products on any volunteer/mentor work assignments.

_____ I have never been convicted and/or placed on probation for any criminal offenses. (If yes, please provide dates and detailed information.)

_____ I understand that any conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize N.TX SNAP clients will result in immediate dismissal.

I certify that all information provided on this application and during the interview process is true and complete. I understand that appointment to a volunteer/mentor position is contingent upon the completion and review of a criminal background check.

Signature _____ **Date** _____

Print Name _____

I, _____, agree to refrain from repeating, copying or revealing to any outside source, any confidential information learned while I am a Volunteer/Mentor.

I also give North Texas SNAP, Inc. permission to reproduce and publicize pictures or news articles pertaining to my service as a Volunteer / Mentor.

I understand that I am obligated to report to the Volunteer Coordinator of North Texas SNAP, Inc. any information regarding myself and/or the client that may adversely affect my Volunteer/Mentor position.

Signature _____ **Date** _____

Print Name _____

Please mail your application to:

North Texas SNAP, Inc.
P. O. Box 3294
Grapevine, TX 76099

Visit our website:
www.ntxsnap.org