



3210 Eastside
Houston, Texas 77098
Tel: 713-942-9500
Fax: 713-942-0702

Volunteer Application

Today's Date: _____

Name: _____ Maiden: _____

Home Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ E-mail Address: _____

Employer: _____ Position: _____

Employer's Address: _____ City: _____ Zip Code: _____

Does your employer have a volunteer program? Yes No Unknown

Demographic Information:

Date of Birth: _____

Gender: Male Female

| School Name | Location | Years Attended | Major | Degree |
|----------------------------|----------|----------------|-------|--------|
| College | | | | |
| Business/Vocational School | | | | |
| High School | | | | |

How did you hear about the ESCAPE Family Resource Center?

_____ TV/Newspaper/Radio
(please identify) _____

_____ Employer
(please identify) _____

_____ Meeting/Fair/Event
(please identify) _____

_____ Friend
(list name) _____

_____ Internet
(list name) _____

_____ Another Volunteer
(list name) _____

Volunteer Interests:

I am interested in volunteering in the following areas: (check all that apply)

_____ Office Assistant and/or Program Support

_____ Educator Assistant

_____ Speaker's Bureau

_____ Vietnamese Translation/Educator

_____ Volunteer Educator

_____ Young Ambassadors

_____ Spanish Translation and/or Editing

_____ English Editing

_____ Other: _____

_____ Chinese Translation and/or Editing

_____ Fundraising

Circle the days you are available for volunteering: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

List the times you are available for volunteering: _____

Circle the area of town where you reside: North South East West NE NW SE SW

Do you speak fluent Spanish? Yes No Another Language: _____

List other skills (i.e. Sign Language): _____

Explain why volunteering at ESCAPE appeals to you:

List any experience and skills in working with families:

Please describe your previous volunteer experience, if any:

Have you ever been arrested and/or convicted of a misdemeanor or felony? Yes No
If yes, please explain:

Conviction of a crime, involvement with Children's Protective Services, or psychiatric treatment does not automatically exclude you from our program. We assess each individual's application separately. However, ESCAPE Family Resource Center does reserve the right to accept or decline individuals as a volunteer.

As a volunteer, I understand and agree to abide by the rules of the ESCAPE Family Resource Center, specifying that for the protection of all, every person is prohibited from disclosing the contents of any communications, records, and/or files, except for purposes directly connected with the administration of ESCAPE. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Volunteer's Signature

Date

You may submit your completed application form via e-mail, fax, or regular mail.

E-mail: sandim@learntoparent.org

Fax: 713-942-0702

Regular Mail:

Attn: Volunteer Program

ESCAPE Family Resource Center

3210 Eastside

Houston, Texas 77098