

**Volunteer Application**

**City of McAllen Volunteer Application**

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| General Requirement: Must be at least 16 years of age or older. Minors, under the age of 18 may volunteer with parental or legal guardian consent.  |

**I.) Demographic Data**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment/Unit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you wish to volunteer for the City of McAllen?

\_\_ Personal Interest \_\_ Work Experience \_\_ Skill Development \_\_ School Requirement

How did you hear of this volunteer opportunity?

\_\_ Friend / Family Member \_\_ City of McAllen Website

\_\_ Newspaper \_\_ McAllen Cable Network \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II.) EDUCATIONAL BACKGROUND**

List the Highest level of education that you have completed:

🞎 Elementary 🞎 GED/ HS Equivalency 🞎 Associates Degree 🞎 Masters Degree

🞎 High School Diploma 🞎 Some College 🞎 Bachelors Degree

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III.) AVAILABILITY**

Date available to start volunteering: \_\_\_\_\_\_ Month \_\_\_\_\_\_\_Day \_\_\_\_\_\_ Year

List days and hours available:

|  |  |
| --- | --- |
| **Days** | **Hours** |
| Sunday |  |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| WTTT Thursday |  |
| Friday |  |
| Saturday |  |

**IV) Skills and Abilities:**

List any special skills and abilities which relate to the position you are volunteering in:

🞎Accounting / Business

🞎 Clerical / Receptionist

🞎 Computers

🞎 Customer Service

🞎 Greeting

🞎 Recreational Activities

🞎 Arts and Crafts

🞎 Desktop Publishing

🞎 Graphic Design

🞎 Fund-Raising

🞎 Internet Research

🞎 Community Education

🞎 Photography

🞎 Public Speaking

🞎 Statistical Research

🞎 Translation/Languages

🞎 Writing/Editing

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_

**V) Emergency Contact Information**

Primary Contact: Secondary Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_

**VI.) Criminal / Reference Background Checks:**

In an effort to protect its citizens, employees and resources from harm or loss, the City of McAllen conducts criminal and reference background checks on its volunteers. As a condition of volunteering with the City you are required to undergo a criminal and reference background check. Failure to provide accurate or complete information on your application may result in your placement being denied.

***Needed to verify identity***

Date of Birth: Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A conviction may not disqualify you, but a false statement or failure to disclose may.***

Have you ever been arrested for or convicted of a felony? 🞎 Yes 🞎 No

Have you ever been arrested for or convicted of any violation of the law? 🞎 Yes 🞎 No

Have you ever been subjected to a deferred adjudication on a felony or misdemeanor charge?🞎 Yes 🞎No

If you answered ‘YES’ to any of the above questions, please explain in concise detail in the box below, indicating the dates and nature of the offense, the name and location of the court and the final disposition of the case(s).

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**VII.)** **Accommodations**: If special accommodations are required please contact the Human Resource Department at 956-681-1045 for assistance.

**VIII.)** **Verification of Information**: I hereby affirm that the information provided on this application and resume (if attached) is true and complete to the best of my knowledge. I understand that falsified information or significant omission(s) on this application may disqualify me from further consideration for any City of McAllen volunteer opportunities.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under age 18:**

Parent / Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised July 10, 2014- JG