

Vita-Living, Inc.
3300 S. Gessner, Suite 150
Houston, TX 77063
713-271-5795 – phone 713-981-4512 – fax

CONFIDENTIAL VOLUNTEER APPLICATION

I. PERSONAL INFORMATION

Name: _____ Date: _____
 Last First Middle

Address: _____

City: _____ Zip Code _____

Telephone: _____ (home) _____ (work) _____ (cell)

Email: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____

How did you hear about Vita-Living? _____

Are you fluent in any foreign language? (please list) _____

II. EMPLOYMENT HISTORY

Please provide the following information on your current or most recent employment.

Current Employer: _____ Telephone # _____

Position: _____ Supervisor: _____

How long at your current position? _____ # of hours worked each week _____

Brief Job Description: _____

III. VOLUNTEER RELATED INFORMATION

How much time can you contribute to volunteering? (Please circle)

2-4 hours/month 4-6 hours/month 6-10 hours/month 10+hours

When are you available? Weekdays _____ A.M. _____ P.M. Weekends Evenings

What type of volunteer position(s) are you interested in: (please check all that apply)

____Administrative ____Golf Tournament ____Creative Caring Lunch ____Fundraising
____PR/Marketing ____Planned Giving ____Other _____

What are your interests/hobbies? _____

IV. PREVIOUS AND/OR CURRENT VOLUNTEER EXPERIENCES

Name of organization & duties performed:

V. SPECIAL SKILLS / QUALIFICATIONS:

VI. REFERENCES

List at least two personal references, no family members and no former employers. At least one reference should be from your school if you are student.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

VII. EMERGENCY CONTACT

Please include: Name, Address, Phone # & Relationship _____

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I authorize Vita-Living to obtain any needed information regarding my legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a volunteering program.

Signature Date

To process your application we will need a copy of and to see a valid photo ID such as a driver's license.

Verified photo ID: _____

Signature of Vita-Living Staff Member

Date

To volunteer for Vita-Living, Inc. please mail this information to Teresa Schane. To volunteer for the Vita-Living Foundation please mail this information to Cynthia King.

Thank you!