



LATINO CENTER
OF THE MIDLANDS

APPLICATION FOR VOLUNTEER POSITION

INFORMATION ABOUT YOU

Name: _____ Age: _____

Address: _____ City/Zip Code: _____

Telephone: _____ E-mail: _____

Emergency Contact Name/Telephone: _____

PURPOSE FOR VOLUNTEERING AND REFERRAL INSTITUTION INFORMATION

Reason for seeking volunteer position: _____

If applicable, provide the name of the institution you need to make volunteer hours for:

School/College: _____ Organization: _____

State Agency: _____ Other: _____

Number of hours that need to be completed: _____

Date by which hours must be completed: _____

Available days/times to volunteer: _____

YOUR SKILLS AND ABILITIES

Languages: _____ Computer Software: _____

Other: _____

VOLUNTEER AGREEMENT

1. I agree to conduct myself in a professional and respectable manner towards employees, clients or Community representatives.
2. I agree to wear appropriate attire.
3. I agree not to utilize any office equipment, technology, electronic devices, supplies, documents, files or offices that have not been assigned or allowed for my use.
4. I agree to uphold the confidentiality of all clients and / or agency policies.
5. I understand that any violation of this agreement may result in the revocation of the volunteer hours assigned / accrued and information will be released to referring institution.

Signature

Date