



Family Service Association of San Antonio, Inc. Volunteer/Intern Application



Name: _____ Date of Birth: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: Home: _____ Work: _____ Other: _____

What area of town would you prefer? _____ Email: _____

Do you have transportation? _____ Driver License #: _____ Ethnicity: _____

Do you speak any languages other than English? Yes / No If yes, please specify. _____

Place of Employment: _____ Employment Background: _____

Education level complete: _____ What is/was your field of study? _____

Are you here for an Internship/Practicum? Yes/No If yes, list university _____,
program _____, # of previous placements completed _____, # of hours needed for
this placement _____, completion due date _____ and any special requirements _____

Why, at this particular time in your life have you chosen to volunteer with us? _____

What type of activities or tasks would you like to do as a volunteer and what life
experiences have you had that might be useful to you in working with our agency?

What clubs, organizations, or associations are you involved with? _____

How many hours can you devote to a volunteer assignment? per month _____ until _____

What days of the week and time slots would you prefer to volunteer? _____

How did you hear about Family Service Association? _____

References: (2 professional, 1 personal)

1. Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

2. Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

3. Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

In case of emergency notify:

Name: _____ Phone: _____

Relationship to you: _____ Alternative phone: _____

Medications being taken: _____ Allergies: _____

Family Service Association of San Antonio, Inc.

Volunteer/Intern Application

I, understand and agree that in my capacity as a volunteer or intern for Family Service Association of San Antonio, Inc. that any and all information concerning service recipients, groups, or agency matters is privileged and confidential and not for public distribution. I can discuss service recipients and their issues with my supervisor and coworkers at the Family Service Association. To break this confidentiality agreement will result in immediate dismissal and could result in possible legal action. I hereby acknowledge that I have been truthful in above statements.

I, hereby give my permission for Family Service Association of San Antonio, Inc. to obtain information relating to my criminal history record through PublicData.com. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer or intern position with this organization. I also understand that as long as I remain a volunteer or intern here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Family Service Association and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Family Service Association and each of their officers, directors, employee, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, (including claims for the negligence, gross negligence, and/or strict liability of Family Service Association) and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or intern. I certify that the above information is true and correct.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Program placement priorities:

- Adopt A Family Behavioral Health Counseling Behavioral Health Groups
 Business Office Children's Resource and Referral Development FAST
 Family First Family Forward Grant Writing HOPES I.T.
 Khakis for Kids KidShare/Safe Haven Personal Assistance Services
 Project STAY Visibilities Volunteer Services YAGA Young Leaders

Additional information: _____

Program Placement: _____ **Assignment:** _____
Supervisor: _____ **Scheduled volunteer times:** _____

2nd Program Placement: _____ **Assignment:** _____
Supervisor: _____ **Scheduled volunteer times:** _____

Departure Date: _____ **Reason:** _____ **Date exit interview sent:** _____