

Providing Healing and Hope to Children and Families for 109 Years

VOLUNTEER APPLICATION

Return to: Debbie Garrett or Mallory Modesitt Volunteer and Activities Team (940) 382-5112 (940) 387-0821 (fax) volunteer@cpch.org

> 909 Greenlee St. Denton, TX 76201

VOLUNTEER APPLICATION

Dear Prospective Volunteer,

Cumberland Presbyterian Children's Home (Cumberland) has been providing help, healing, and hope to children and families for 109 years. As a Cumberland volunteer, you will become a part of our tradition of providing a safe and wholesome environment for the development of children and families.

We sincerely appreciate your interest in volunteering at Cumberland. A wide range of volunteer opportunities are available here, and we hope to find a perfect fit for your skills and interests.

If you feel we are the place for you, please fill out the attached forms and include a copy of your driver's license and social security card (for the background check). You can either return them by mail, bring them by our front desk, or email. Also, before your first day of volunteering, you'll be asked to provide a negative tuberculosis screening.

On behalf of the staff and residents of Cumberland, we appreciate you taking the time to pursue volunteering with us. We know many organizations could use your time and talents – we're so glad you have chosen us.

Please feel free to contact us with any questions you have at (940) 382-5112 or volunteer@cpch.org.

Sincerely,

Debbie Garrett and Mallory Modesitt Volunteer and Activities team

VOLUNTEER APPLICATION

Volunteer Information Form

Name: Physical address:	Da	Date of Birth:					
Physical address: City: Phone number:	State: Email:	Zip code:					
1. How did you find out about Online Billboard		ith Other					
2. Why are you interested in becoming a volunteer at CPCH?							
 Employment status: Full-time at Full-time student at 	□Pa	art-time at Unemployed/Retired					
4. Skills/hobbies/interests:							
5. If volunteering is in reference No. of hours: Class name							
6. References Please provide three possible references related to prospective volunteer.	erences to call b	elow. Reference must not be					
• Name:		Phone #:					
 Name: Years Known: Name: Years Known: 		Phone #:					
Name: Years Known:	_ Relationship:	Phone #:					

Cumberland Presbyterian Children's Home does not discriminate in the acceptance or referral of volunteers on the basis of race, color, religion, national origin, gender, marital status, disability, age or veteran status or membership in any other protected class. The information solicited by Cumberland Presbyterian Children's Home is intended to be used in a non-discriminatory manner to determine the best use of the volunteer's gifts and talents. I hereby authorize Cumberland Presbyterian Children's Home to request information as needed (including a criminal background check) prior to beginning any volunteer training or volunteer activity.

Signature of Volunteer Applicant

Date

VOLUNTEER APPLICATION

Please use another sheet for additional information that does not fit on this form.

Volunteer Interests and Skills Inventory

Residential Care

I am intereste	d in working	with children	ages (check	as many	are applicable):
0-5	5-10	10-13	<u> </u>	18+	

Experience

Please list past/present volunteer/work experience, especially if involving children:

Volunteer Interests

I am interested in volunteering in the following areas (please check no more than three):

Administration	Arts & Crafts	Child Mentoring
Child Tutoring	Donations	Group Childcare
	Property Maintenance	Recreation
Single Parent Mentoring	Special Events	Spiritual Care
Other(s):		-

Availability

Please list exact times you are currently available for volunteering

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Other Information

I am CPR Certified

I am First Aid Certified

I am bilingual; list other languages spoken here:

VOLUNTEER APPLICATION

Please list any other skills or information you would like us to know:

Medical restrictions, allergies or requirements that may affect your volunteer work:

Emergency Contact Information

Name	Relationship		
Physical Address	Phone #		
City	State Zip Code		
E-mail Address			

VOLUNTEER APPLICATION

Criminal History and Central Registry Check

First Name		Middle Nan	10			Last Name		
Social Security	Number	ID Type		ID Nu	mber		State	
		Driver's Lice	ense					
		State Issued						
Street Address		City		State			Zip	
							-	
County	Telephone Nur	nber	Date of Birth				Sex M F	
List all other cit	ies in Texas wh	ere there has	Relationship	of pers	on to request	ter		
been residency	:		Adoptive	-	Caregiver	Ε	Director	
			Parent		,			
			Staff				lousehold	
Addresses (incl						member		
outside of Texas within the past 5 years:		Other Staff	Other Staff Licensed X Voluntee Administrator		/olunteer			
			Other:		Auministrato	1		
			Other.					
			Ethnicity -	Hispani	c Not His	panic Ur	able to determin	ie
	(must accompany race)							
Date Hired/Used	d by the Operati	on/Agency			Race (circl	Race (circle one)		
			American In Alaskan Na		Asi	an	Black	
			Native Hawa Pacific Islar	-	Wh	ite	Unable to Determine	
Other names us First Name	ed (married, ma	iden, etc.)	Middle Name		Last Name			
i ii st naine								

Have you ever been convicted of a crime (excluding minor traffic violations)?

Note: If so, please provide complete details, including date of conviction and incarceration, if any, and disposition, including any suspended sentence, fines, probation, deferred adjudication, or similar disposition.

Please use another sheet for additional information that does not fit on this form.

Please attach a photocopy of your Driver's License and Social Security card to this form