

San Antonio Independent Living Services (SAILS)
1028 S. Alamo St, San Antonio TX 78210
(210) 281-1878 V/TTY

VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Home address: _____

City, State and zip: _____

Telephone number: Home (_____) _____ other: (_____) _____

Have you ever been convicted of a felony: Yes ___ No ___ if yes, please give details on a separate sheet of paper.

Probation officer's name: _____ Telephone # () _____

Frequency of contact: _____ Other information you would like to share with us _____

In order for you to volunteer at SAILS, we will request a copy of your criminal background record. ___ Yes ___ No

Do you want to drive as part of your volunteer work? If so, please complete the driver information

Texas Driver's License number and expiration date: _____

Social Security # _____

Automobile insurance (if driving as part of the volunteer duties)

Insurance Carrier's name, policy number, phone number, address, and renewal date

Mode of transportation used: car ___ public ___ Viatrans ___ other _____

Education (include level, major, minor etc.): _____

Special skills, interests and hobbies:

Please specify any physical/medical limitations: _____

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Name: _____

Volunteer information:

Type of volunteer work you would like to perform:

____ Answering telephones, and greet visitors at the front desk

____ Clerical duties

____ copying, collating, stapling, labeling etc

____ typing what is your wpm speed _____

____ Data entry

What computer programs are you familiar with?

____ excel, ____ word ____ power point ____ CFAL

Others: please specific _____

____ working directly with consumers

____ in their home

____ peer support

____ teaching and/or working one on one with consumers

____ Fund Raising

____ Public Relations

____ Re-searching resources in the community (I & R)

____ Other type of volunteer work (specify)

How many hours would you like to volunteer?

____ Daily ____ weekly ____ monthly ____ as needed

____ mornings ____ Evenings ____ Weekends ____ Special events

What days can you volunteer?

____ Mon ____ Tue ____ Wed ____ Thur ____ Fri

Why do you want to volunteer?

Emergency information:

Name _____ Other phone: (____) _____

Home phone: (____) _____

Address: _____

Relationship: _____

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References

Name: _____ **Phone (____)** _____

Agency name: _____

Address: _____

Period of time volunteered: _____

Reason for leaving: _____

Name: _____ **Phone (____)** _____

Agency name: _____

Address: _____

Period of time volunteered: _____

Reason for leaving: _____

San Antonio Independent Living Services (SAILS)

Confidentiality Statement

I, _____ do willingly promise to hold in confidence all matters that come to my attention while working with the San Antonio Independent Living Services (SAILS), including information about consumers and colleagues. I will respect the privacy of all people with whom I serve and confer appropriately with those designated as my supervisor and/or management. I will follow the policies of the center as they relate to my volunteer work.

Signed: _____

Dated: _____

Volunteer Coordinator: _____

Date: _____