



Girls Incorporated of Greater Houston  
**Program Volunteer Application**

Potential volunteers are required to complete an application, and may be required to participate in an interview, agree to release information leading to a criminal history and reference check. Volunteers will receive notification of their acceptance into the Girls Inc. volunteer program. Each accepted volunteer will be provided with a training session, project description and all resources needed prior to beginning their assignment. Girls Incorporated reserves the right to decline a volunteer application for any reason at any time.

**PERSONAL INFORMATION**

Last Name:		First Name:		Middle Initial:
Date of Birth: / /	Sex: (Optional)	Ethnicity: (Optional)		
Address:		City:	State:	Zip
Home Phone ( )		Work Phone ( )		Cell Phone ( )
Email address:				
Current place of work:			Occupation:	
Do you have any Special Healthcare Conditions?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, please specify:

List any special accommodations associated with your health condition that may be needed.

Emergency Contact: Person:	Phone:	Relationship:
Have you been convicted of a felony offense or been placed on deferred adjudication?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please explain:		

**How did you learn about Girls Inc.?**

- Volunteer Fair
- Current Volunteer
- Website / Internet Search
- Friend
- School
- Other \_\_\_\_\_

**EDUCATION AND TRAINING**

Please circle highest level completed:

High School Graduate      Associate's Degree      Bachelor's Degree      Master's Degree      Doctorate

Specialized Training:

**PREVIOUS VOLUNTEER EXPERIENCE**

Please include information from your most current volunteer experiences.

Institution Name	Duties/activities performed	Duration



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**REFERENCE 1** *(Please provide 2 references)* **REFERENCE 2**

Name:	Name:
Title:	Title:
Phone:	Phone:
Relationship:	Relationship:

**INTERESTS** **EXPERIENCE** **ABILITIES**

- Volunteer Instructor
- Expert Guest Speaker in:
  - Science Field
  - Financial Field
  - Health Field
  - Entrepreneurship

- Cooperating with youth on projects
- Making presentations to small and large groups
- Taking direction from children and teenagers

- Fluent in another language: \_\_\_\_\_
- Able to commute to program locations
- Able to lift 20-25lbs without assistance

Please list skills that you possess that you would like to use as a volunteer.

**TIME COMMITMENT / AVAILABILITY** **TIME COMMITMENT / AVAILABILITY**

Mornings (9:30am – 1:00pm)					Afternoons (1:00pm – 4:30pm)				
MON	TUES	WED	THU	FRI	MON	TUES	WED	THU	FRI

**\*Program volunteer positions vary and are available Monday through Friday between 9:30am-4:30pm and generally require weekly commitments of 2 hour increments.**

**VOLUNTEER PERMISSIONS**

May we use your photograph in Girls Incorporated print and Internet marketing materials?

- Yes  No, thanks

**SIGNATURE**

I hereby, acknowledge that the information contained in this application is accurate and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For administrative purposes only:**

Received: \_\_\_/\_\_\_/\_\_\_      Reply: \_\_\_/\_\_\_/\_\_\_  
 Interview: \_\_\_/\_\_\_/\_\_\_      Reply: \_\_\_/\_\_\_/\_\_\_  
 Orientation: \_\_\_/\_\_\_/\_\_\_      Reply: \_\_\_/\_\_\_/\_\_\_  
 Training: \_\_\_/\_\_\_/\_\_\_      Reply: \_\_\_/\_\_\_/\_\_\_

Background : \_\_\_/\_\_\_/\_\_\_       Approved       Denied  
 References Checked: \_\_\_/\_\_\_/\_\_\_  
 Volunteer Agreement:  Yes       No  
 Initial Placement: \_\_\_\_\_  
 Active: \_\_\_/\_\_\_/\_\_\_  
 Separation: \_\_\_/\_\_\_/\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_