



972-721-9181  
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Website: [www.irvingcares.org](http://www.irvingcares.org)

440 South Nursery Road, Suite 101  
Irving, Texas 75060

P.O. Box 177425  
Irving, Texas 75017-7425

### Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer position desired: (please check all that may apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative  | <input type="checkbox"/> Food Pantry         | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Intake Receptionist | <input type="checkbox"/> Fundraiser Events   |
| <input type="checkbox"/> Pick-Ups/Driver | <input type="checkbox"/> Translator          |  |

Days and times available: (please check all that may apply);

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would you be able to provide a personal reference as needed for certain volunteer positions?

☐ Yes ☐ No

Do you have access to your own transportation? ☐ Yes ☐ No

Do you have any current health problems that may affect your ability to work in a certain volunteer position?

☐ Yes ☐ No If yes, please describe:

Please list your previous experiences in volunteer work:

What church do you attend? \_\_\_\_\_

☐ I grant permission for Irving Cares add my email to their mass email distribution list. Irving Cares does not sell or share your personal information. After being added to the email list you can opt-out at any time.

What skills and experience might you bring to the agency: (check all that may apply)

- ☐ Bilingual Skills
- ☐ Clerical Skills
- ☐ Community Outreach Experience
- ☐ Computer Knowledge
- ☐ Health Care Background
- ☐ Pastoral Care Background
- ☐ Social Services Background

I enjoy:

- ☐ Working with diverse people
- ☐ Working with the elderly
- ☐ Working with children
- ☐ Working with low-income persons

Besides English, list any other language you speak or write: \_\_\_\_\_

Other skills: \_\_\_\_\_

How did you hear about Irving Cares?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Church    | <input type="checkbox"/> Present or past agency employee |
| <input type="checkbox"/> Client    | <input type="checkbox"/> Present or past volunteer       |
| <input type="checkbox"/> Job       | <input type="checkbox"/> School                          |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> United Way                      |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> Other:                          |

☐ I grant permission for Irving Cares to use photographic or video images taken of me during volunteer work and events for use in media or other publications in relation to Irving Cares programs, and to which copyright of these images will be held by Irving Cares.

Please understand Irving Cares is accountable to many sources for the use of its fund and for its staff and volunteer conduct. Understand it is necessary for Irving Cares to comply with and document all the requirements for these sources; however, Irving Cares is a "service agency," and we find it necessary to be flexible and encourage all staff to use good judgment and to treat clients with respect.

I agree to abide by the policies and regulations of Irving Cares throughout my association with the agency. I understand that my association with Irving Cares is by mutual agreement, and that I am a volunteer. I understand that *confidentiality of client information and agency matters is mandatory* and it is my ethical obligation as a volunteer, and any breach of confidentiality is reason for termination of my relationship with Irving Cares as a volunteer.

As Irving Cares receives some of its funding from Federal grants and other programs, it is imperative that we comply with the Drug-Free Workplace Act of 1988 which states that in order "to be considered a responsible source for Federal grants, an employer has to certify that its workplace is drug-free." In an effort to best meet the needs of the agency, staff, and clients, Irving Cares must implement and enforce all the rules and regulations as set forth by the Drug-Free Workplace Act. The possession or use of a controlled substance is unlawful and will not be tolerated by this agency. By signing, I agree to adhere to the guidelines as set forth by the agency and the Drug-Free Workplace Act of 1988. Any violation on my part may result in termination of my relationship with Irving Cares as a volunteer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date