

## **MWC Outreach Volunteer Application**

The following information will assist us in matching your skills/interest with program needs. All personal information will be kept confidential.

Please print								
First Name			Last	Name				
Address			City/	/State/Zip				
Telephone			Date	e of Birth				
Personal Infor	mation (please	e circle corre	ct response):					
Gender:	Male	Female						
Physical Limit	tations: No	Yes (Pleas	e Explain)					
Education (hig	ghest level con	npleted)						
Grades 1-5	6-9 11-1	2 College	Business	Graduate Scho	ol Technical/Vocational			
				Most recent employer (optional)				
Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]								
		_	_					
-	-							
` •		•	,	Skilled Can Te				
3								
Languages	Fluent	Read	Write					
1								
2								

Volunteer availability: (Circle all applicable)		
Number of Days per week: 1 2 3 4 5 Prefer times	s 8AM-12PM 11AM -2P	M 1PM- 4 PM
Monday Tuesday Wednesday Thursday	Friday Saturday	No Preference
Transportation: (How you will get to your assignmen	t)	
Public Trans. Walk Bus/Van Taxi/Car Svc Car		
In an emergency, notify:		
First NameLast Na	me	
Address		
City/State/ZipTelepho	one	
Volunteers hereby agree to serve any client who is assig	ned regardless of race, s	sex, creed or national origin.
(Signature/Volunteer) (Signa	ture/Staff)	(Date)
Release f	or Publicity	
Please complete and sign for consent to use your information	on in Jubilee Women's Ce	nter related activities
Iwithout do hereby irrevocably give my consent to MWC Outre use my name, any photographs, video or recordings of Center at any time for editorial, illustration, promotion connection with the MWC publications or other promotions.	each Center (Mother with of me involved in activitional, advertising, and otle	ies regarding MWC Outreach '
MWC Outreach	's Liability Waiver	
I wish to volunteer my services at MWC Outreach Center that I will perform. I am acknowledging that I am capable project. I hereby assume the risk, with respect to any accin connection with my participation as a MWC Outreach discharge MWC Outreach Center and any of its directors any and all liability or responsibility for any such accident If I am under the age of 18, I understand that my parent/etheir signatures are attached hereto.	of performing the activity sident or injury to person Center volunteer. In addi s, employees, volunteers, t or injury I might sustain.	y required of me in the volunteer or property which I may sustain tion, I hereby release and residents, and affiliates from
(Printed Name/Volunteer)	(Signature/Volunteer)	(Date)
(Parent Printed Name)  Parent/Guardian Signature if Volunteer is under	(Parent Signature)	(Date)



## MWC Outreach's Criminal Back Ground Check Waiver

It is the policy of MWC Outreach Center (Mother with Child) to conduct criminal record checks on all individuals interested in volunteering with us. Many volunteers at MWC work unsupervised with people who are considered "vulnerable". For this reason, criminal background checks are necessary to protect the resident, the agency and the volunteer.

The criminal background check will only be used to establish whether or not a potential volunteer has a criminal record. If a potential volunteer does have a criminal record, s/he will not be placed at MWC. All information obtained will remain confidential.

If there is no criminal record, you will be able to begin your volunteer assignment once you have attended orientation

To conduct the criminal record check, the following information is required:

First Name, M.I., Last Name						
Date of Birth (mm/dd/yyyy)						
Have you been convicted of a crime? Yes or No (if your answer is yes please explain)						
I have read the above statement and give my permission to send all criminal record information pertaining to me to: MWC Outreach Center, P O BOX 7105 Round Rock, TX 78683						

PO BOX 7105 Round Rock, TX 78683 Website: mwcoutreach.com