



Casa El Buen Samaritano

Volunteer Application

Name: _____ E-mail: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Scheduling preference: (circle all applicable) **Weekly** **Monthly** **As Needed**

Please check all volunteer activities you are interested in:

- Clinical / Healthcare Volunteer (degree/specialty): _____
- Translation / Bilingual Support Supporting Ministry Events
- Volunteer Education / Training Community Health Program
- Database Management Administrative Support
- Clinic Tour Guide Children's Ministry
- Photography / Videography / Graphics / Web Design (circle all that apply)
- Other: _____

Referred to CEBS by: _____

Date of Birth: _____ Gender: M F

Present Occupation: _____ Employed by: _____

Previous Work Experience: _____

Special Skills: _____

Reason for Volunteering: _____

Previous Volunteer Experience: _____

Languages

English: Verbal Fluency: None 1 2 3 4 5 Reading: None 1 2 3 4 5
 Spanish: Verbal Fluency: None 1 2 3 4 5 Reading: None 1 2 3 4 5

Have you ever been convicted, pled guilty or no contest, to a felony offense or any crime?_
If yes, please explain: _____

Important: "Convicted" includes sentence to confinement, paid fine, served time, placed on probation (including deferred adjudication) and court-ordered restitution. By signing below, I give my consent to a requirement criminal history check.

I affirm that the above information is true and correct.

Applicant/Volunteer

Date

Please return by email (info@casaelbuen.org), fax (713.721.0104), or mail (P.O. Box 20487, Houston, TX 77225).

Office Use Only

Reviewed by: _____ Date: _____

Mentor Assigned: _____ Date: _____

To share the Love of **Jesus Christ**: body, soul, spirit.