



VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____ S.S. Number: _____

Driver's License Number: _____ State Issued: _____

EMPLOYMENT INFORMATION:

Employer: _____

Address: _____

City/State/Zip: _____

Position: _____

Title: _____

EDUCATION:

Level of Education Completed:

- High School or GED
- College
- Graduate School
- Business/Vocational

University or College Name: _____

Area of Study: _____

VOLUNTEER INFORMATION:

How did you learn about Tri-County Behavioral Healthcare?

- Newspaper
- Radio
- Television
- School
- Speaker
- Another volunteer, if so, name of volunteer: _____

Are you volunteering to fulfill an internship or class requirement? Yes No
If yes, how many hours are you required to complete? _____

What languages do you speak?
 English Spanish Other: _____

What location and office are you interested in volunteering at (which county and what field; IDD, MH, Support Services, et.):

Please tell us about your interests, skills, and abilities so that we may best place you within Tri-County.

What type of volunteer work are you most interested in?

What type of volunteer work are you least interested in?

Are you able to make at least a three-month commitment? Yes No

If no, please explain: _____

When are you available to volunteer? (Please indicate days and hours available):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

Do you wish to have consumer contact or a non-consumer contact position?

With consumers

Non-consumer position

Why do you want to volunteer with Tri-County? _____

Please list any experience you have had working or volunteering with persons with mental illness, intellectual disabilities or substance abuse:

Are you related to anyone currently receiving services from Tri-County?

Yes

No

***All volunteers with Tri-County are required to attend a mandatory two-hour orientation/training class prior to beginning your volunteer service with Tri-County.**

PERSONAL REFERENCES

Please list three personal references that are not related to you and have known you for at least two years. Please provide a complete address and phone number for each reference listed.

Reference No. 1:

Name: _____

Address: _____

Phone: _____ Email: _____

Reference No. 2:

Name: _____

Address: _____

Phone: _____ Email: _____

Reference No. 3:

Name: _____

Address: _____

Phone: _____ Email: _____

Who should we contact in case of an emergency?

Name: _____ Phone: _____

IMPORTANT INFORMATION

- **I understand that Tri-County will conduct a criminal background check and that by signing this application, I give Tri-County permission to complete this part of the volunteer screening process.**
- **I must complete all orientation/training and provide three personal references before I can work as a volunteer for Tri-County.**
- **I understand that Tri-County may contact my personal references.**

Signature: _____

Date: _____

Once application is completed:

- Print out application.
- Sign application.
- Email completed signed application to: NicoleD@tcbhc.org
 - Or mail to:
 - Tri-County Behavioral Healthcare
233 Sgt Ed. Holcomb Blvd S
Conroe, TX 77304