

VOLUNTEER ENROLLMENT FORM

NAME: _____

TODAY'S DATE: _____

ADDRESS: _____

ZIP: _____

PHONE: _____ (HOME) _____ (OFFICE) _____

DATE OF ENROLLMENT ____/____/____ TDL# _____ SSN# ____/____/____

DATE OF BIRTH _____

EDUCATION _____ IF UNDER 18, PERSON TO NOTIFY IN EMERGENCY DEGREES _____

OCCUPATION _____

INTERESTS, SKILLS, HOBBIES _____

ORGANIZATIONS OF WHICH YOU ARE A NEW MEMBER _____

WHAT TYPE OF VOLUNTEER WORK WOULD YOU LIKE TO DO? (PLEASE CHECK BELOW)

WITH ADULTS _____ SPECIAL PROJECTS _____ OUTDOOR ACTIVITIES _____

WITH CHILDREN _____ OFFICE SERVICES _____ TEACHING/TUTORIAL _____

ADMINISTRATIVE _____ TRANSPORTATION _____ COUNSELING _____

PUBLIC SPEAKING _____ GENERAL _____ FUNDRAISING _____

OTHER _____

PLEASE SPECIFY

HOW MUCH TIME CAN YOU GIVE? WEEKLY _____ MONTHLY _____ AVAILABLE TIME

FIELD OF EXPERTISE (PLEASE CHECK BELOW)

FINANCIAL MANAGEMENT _____ FUNDRAISING _____ PERSONAL MANAGEMENT _____

PUBLIC RELATIONS _____ PLANNING _____ EDUCATION _____ LEGAL AFFAIRS _____

PROPERTY / FACILITY DEVELOPMENT _____ VOLUNTEER DEVELOPMENT _____

OTHER _____

IF OTHER PLEASE SPECIFY

INFLUENCE WITHIN: (PLEASE CHECK BELOW)

BUSINESS / LABOR _____ MEDIA _____ EDUCATION _____ LEGAL AFFAIRS _____
FINANCIAL _____

GOVERNMENT / AGRICULTURAL CIVIC
POLITICAL _____ COMMUNITY _____ ORGANIZATIONS _____

PROFESSIONAL ORGANIZATIONS _____ OTHER _____

PLEASE SPECIFY

WILLINGNESS TO: (PLEASE CHECK BELOW)

RAISE MONEY _____ CONTRIBUTE SERVICES _____ MAKE MATERIALS CONTRIBUTION

TO GIVE PROPORTIANTE TO VOLUNTEER TIME _____ ATTEND FIELD TRIPS _____
MEANS _____

PLEASE PROVIDE COMMENTS AND / OR SUGGESTIONS _____



Fifth Ward Enrichment Program, Inc.



4014 Market, Suite W145 • Houston, Texas 77020 • Phone (713) 229-8353 • Fax (713) 229-8311
Website: www.fwepinc.org E-Mail fwep@fwepinc.org

CRIMINAL BACKGROUND HISTORY SCREENING

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

Each staff member or volunteer to be screened must sign an authorization form, giving approval for the Agency and VOLUNTEER HOUSTON to perform the criminal background search.

I _____ give my permission to obtain information relating to my criminal history record through VOLUNTEER HOUSTON. The criminal history record received from the Texas Department of Public Safety may include arrest and conviction data as well as plea bargains and deferred adjudication.

- I understand this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.
- I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.
- I understand that I WILL have an opportunity to review the criminal history and an APPEALS procedure is available for clarification if I dispute the record received from TDPS.

APPLICANT'S SIGNATURE

DATE

PRINTED NAME

Fifth Ward Enrichment Program, Inc. is designed to empower boys to become responsible men and productive members of their families and community.

