



VOLUNTEER APPLICATION

Please email your application to the Collin County MVPN Coordinator, Jackey Babb, at jbabb@lifepathsystems.org.

NAME: _____ GENDER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ HOME PHONE: _____
(Street, City, State, Zip)

E-MAIL ADDRESS: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBER: _____

WHEN CAN YOU START: _____

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE AND/OR VOLUNTEER TRAINING:

WHAT MOVTIVATED YOU TO WANT TO PARTICIPATE IN THE MVPN/VETERAN'S COURT MENTORING PROGRAM?

HAVE YOU EVER WORKED WITH MEMBERS OF THE UNITED STATES MILITARY: _____

ADULTS WITH A MENTAL ILLNESS? _____

ADULTS WITH A HISTORY OF OR ACTIVE SUBSTANCE ABUSE ISSUES? _____

COMBAT VETERANS WITH A DISABILITY OR WITHOUT A DISABILITY? _____

AREAS OF INTEREST:

Please indicate your area preference from 1 to 3, with 1 being your most preferred area:

_____ Veterans Treatment Court (Mentor)

_____ Crisis Intervention Training (Actor)

_____ BEITZ Peer Groups (Facilitator)

ARE YOU CURRENTLY EMPLOYED? _____

If you are employed, where? _____

Work Phone: _____

Position: _____

EDUCATION:

ELEMENTARY
HIGH SCHOOL
VOCATIONAL/TECHNICAL TRAINING
COLLEGE
GRADUATE SCHOOL

OTHER: _____

NAME OF SCHOOL: _____ **NAME OF COLLEGE:** _____

DID YOU RECEIVE YOUR DEGREE: _____ **IF YES, FIELD OF STUDY?** _____

LIST YOUR SKILLS, INTERESTS, AND COMMUNITY ACTIVITIES:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

IF YES, PLEASE EXPLAIN:

***** ANY CRIMINAL HISTORY WHICH IS A CONTRADICTION TO WORKING AS A VOLUNTEER MAY
RESULT IN DENYING APPROVAL OF THE APPLICANT*****

**PLEASE LIST ONE REFERENCE WITH COMPLETE NAME, ADDRESS, AND TELEPHONE NUMBER.
(PLEASE DO NOT LIST RELATIVES)**

NAME	ADDRESS	TELEPHONE NUMBER

VOLUNTEER AGREEMENT

- I CONSENT TO A CRIMINAL BACKGROUND/HISTORY CHECK.
- I AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
- I AGREE TO ABIDE BY THE LIFEPATH SYSTEMS POLICIES AND PROCEDURES. I AGREE TO RESPECT THE CONFIDENTIALITY NATURE OF CASE INFORMATION AS WELL AS MY PERSONAL CONTACTS WITH INDIVIDUALS RECEIVING SERVICES.
- I AGREE TO INFORM THE CENTER IF I AM NAMED IN COMPLAINTS OR INDICTMENTS OR CONVICTED OF OFFENSES.
- I AGREE TO PARTICIPATE IN ORIENTATION AND TRAINING.
- I UNDERSTAND THAT I WILL NOT RECEIVE ANY MONETARY COMPENSATION FOR MY VOLUNTEER SERVICES.

Applicant's Signature

Date