



OKAH- Volunteer Application

Personal Information

Date _____

 First Middle Last

 Address Apt # Telephone Number

 City State ZIP code Alternate Telephone Number

 Email Address Preferred Contact: E-Mail Phone

 Date of Birth

Emergency Contact

Name _____ Relationship _____

Contact Information _____
Telephone Number or Email Address

Volunteer Preference

Preferred program area(s) <input type="checkbox"/> Marketing; publishing, design <input type="checkbox"/> Fundraising/Outreach <input type="checkbox"/> Web site maintenance <input type="checkbox"/> Data Entry/Admin/Clerical <input type="checkbox"/> Other _____	Comments:
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Volunteer Availability

I am available to work: (OKAH Office hours are Monday – Friday, 8:00a.m. – 5p.m.)

Monday Tuesday Wednesday Thursday Friday Saturday

AM PM AM PM AM PM AM PM AM PM AM PM

I would like to work about _____ hours every: Week Month
 Contact me about one-time opportunities, as needed



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Experience / Skills

Current employer _____

Job title _____

I am retired a full-time student

Education

Field of Study _____

Degree obtained _____

Field of Study _____

Degree obtained _____

Volunteer Experience

Agency/Organization _____

Role _____ Date _____

Agency/Organization _____

Role _____ Date _____

Agency/Organization _____

Role _____ Date _____

Skills/certifications (ex: professional licensures, computer proficiencies, hobbies, etc.)

Languages

Are you proficient in any language, other than English? Yes No

If yes, which language(s) _____ Speak Read Write

For tracking purposes, please tell us how you heard about this volunteer opportunity:

Parish/place of worship? _____

Another source _____



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Personal References

Please provide two-character references.

1. Name: _____ Telephone Number: _____
 Email Address: _____ Years Known: _____
 Relationship: _____
2. Name: _____ Telephone Number: _____
 Email Address: _____ Years Known: _____
 Relationship: _____

Current Employer

Company Name _____ Telephone Number _____
 Address _____ Supervisor's Name _____
 _____ Length of Service _____

Ethics and Integrity in Ministry (EIM)

Clergy, religious, paid staff and all volunteers working with minors and/or vulnerable adults at any parish, Catholic school or diocesan location are required to submit a one-time EIM Application for Ministry (granting permission for background check) **and** attend an EIM workshop every three years.

Have you previously completed an EIM Application for Ministry in the Diocese of Austin? Yes No
If yes, parish/organization affiliation _____

Have you previously attended an EIM workshop in the Diocese of Austin? Yes No
If yes, date of most recent workshop attended _____

Criminal History

Have you ever been convicted of, received deferred adjudication, been given probation, received unadjudicated probation for, or pled no contest for any offense? Yes No

Are you seeking Community Service Hours to resolve a legal matter or as directed by the courts? Yes No
If Yes, name of parole officer or court appointed contact _____
 Contact # _____ Nature of offense _____
 Number of hours needed _____ Date to be completed _____

Have you been convicted or have charges pending regarding child abuse or neglect, Under civil and/or family law? Yes No

If yes to any of the above, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were committed sentence(s) imposed, and type(s) of rehabilitation. Attach additional sheets if necessary. A criminal background check will be completed prior to volunteering. A prior offense is not necessarily a bar to volunteering. Failure to disclose a prior offense will prevent you some volunteering.



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Confidentiality Agreement

I, _____, agree to protect the right to privacy of clients, staff members, and other volunteers who work, for or with Our Kids at Heart in Austin, Texas

I will discuss to the following with my supervisor:

- Any concerns or questions I may have about client care, program operations, and/or interactions with other volunteers or staff members.
- Any situation that may be life threatening to volunteers, staff members, clients, or myself.
- Any other information that I feel would impact the organization.

During my volunteer time, I will limit my discussion about clients to that which is necessary to carry out my volunteer duties.

I will not discuss or share information about clients or the services they receive with anyone outside of Our Kids at Heart.

I will not take photographs of clients, staff members, or other volunteers without the written consent from the individual or legal guardian, and the Office of Advancement.

I have read and agree to abide by this agreement, and I understand that I can be released as a volunteer from Our Kids at Heart should I violate any of these conditions.

Please read before signing.

- I authorize persons and current employers, or organizations referred to in this application to answer questions that Our Kids at Heart may have regarding my association with them.
- I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge.
- I understand that if volunteering, any misstatement or omission of facts on this application shall be cause for dismissal.
- I hereby acknowledge that I have read the above statement and understand the same.

Signature

Date

PLEASE EMAIL YOUR COMPLETED VOLUNTEER APPLICATION TO SUYEN SANCHEZ AT:
ssanchez@ourkidsatheart.com