



14015 San Pedro, Fellowship Hall * San Antonio, TX * 78232 * 210.265.3351 * FAX 877.696.0497

Thank you for your interest in serving as a volunteer with the Texas Foundation of Hope. We are excited to have you join us as a partner in this worthwhile program. Please complete the following form and return it.

PERSONAL

NAME _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
PHONE H _____ W _____ C _____
EMAIL _____

Current EMPLOYER or SCHOOL

Name _____
Address _____
Title _____ Phone _____

TXFH INTEREST

___ Production ___ Athletics ___ Advisory Council
___ Weekend Sales ___ Transportation ___ Supplies
___ Fundraising ___ Special Events ___ Programming

Affiliations (Local, State, Federal)

Special Skills, Hobbies, Experience

References (not a relative)

Name _____ Phone _____
Address/City/State/Zip _____

How known? _____

Name _____ Phone _____
Address/City/State/Zip _____

How known? _____

Volunteer Criminal History Record Check

Driver's License No:	State of Issue:	
ID Checked by:	Date of Birth:	SSN:
Gender:	Yrs. TX Resident:	Martial Status:
Ethnicity:		
Additional Names used:		

CONSENT FOR CRIMINAL BACKGROUND CHECK

In order to volunteer with the Texas Foundation of Hope, I hereby give unrestricted permission to obtain information relating to my criminal background history. This history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that as long as I remain a volunteer of the Texas Foundation of Hope, the criminal background check may be repeated at any time.

I further understand that it is my obligation to report any change in my criminal background history after the date signed. All information is confidential. I understand that I am offering my services to the Texas Foundation of Hope without compensation and without any rights to health benefits in case of injury.

_____ Yes, I understand this consent (initials).

I FURTHER UNDERSTAND THAT:

1. Information I have provided will be verified and grant permission to make inquires in order to determine my suitability as a volunteer for the Texas Foundation of Hope, aka, TxFH.
2. In the course of volunteering, I may be dealing with confidential information and agree to keep that information in strict confidence.
3. The relationship with Texas Foundation of Hope is an "at will" agreement, meaning it can be terminated at any time without cause by me or the Foundation Board of Directors.
4. I grant permission that Texas Foundation of Hope may use my likeness, photo or words any media or format used to promote the Foundation.
5. I agree to set a positive example for clients of Texas Foundation of Hope; to demonstrate cooperation & respect; practice safe & secure procedures at all Texas Foundation of Hope events, and to follow all guidelines and policies given by the TxFH Board of Directors.

Signature Date

Date

Printed Name