

# Girls Inc. of San Antonio

## Volunteer Application



This packet contains the following:

Girls Inc. Volunteer Application Form

Confidentiality Policy, Abuse/Neglect Responsibility Statement

Criminal History Background Check Form (\$2.00 processing fee)

3 Letters of Recommendation (non-family members)

\*Applicants must also obtain proof of negative results on a TB test

**Please submit all materials to Jenean Cervantes, Volunteer Coordinator at  
1209 S. St. Mary's, SA TX, 78210 or fax to (210) 223-2142.**

For more information or to set up an appointment call (210) 212-2574.

All volunteers are required to attend a training based on volunteer placement and duties.



## Volunteer Application

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### PERSONAL INFORMATION

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **TX Driver's License/State ID #:** \_\_\_\_\_

**Ethnicity:** African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Other \_\_\_ **Sex:** M F

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### EMPLOYMENT HISTORY

**Present/Last Employer:** \_\_\_\_\_ **From (mo/yr)** \_\_\_\_\_ **To (mo/yr)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Present/Last Employer:** \_\_\_\_\_ **From (mo/yr)** \_\_\_\_\_ **To (mo/yr)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_

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### EDUCATIONAL BACKGROUND

Highest level of education you have completed:

GED \_\_\_ High School Diploma \_\_\_ Some College \_\_\_ Bachelor's Degree \_\_\_ Graduate Degree \_\_\_

**Field of study (if applicable):** \_\_\_\_\_

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### QUESTIONNAIRE

What experience do you have working with youth?

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Why do you want to volunteer with Girls Inc. of San Antonio?

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**CONFIDENTIALITY POLICY FOR VOLUNTEERS**

Volunteers will ensure confidentiality and privacy in regard to the history, records and discussion about the people we serve.

Volunteers will not discuss with or release any information regarding the girls served by Girls Inc to anyone outside of the agency, including, but not limited to, Child Protective Services, case workers, family members, police, social workers, teachers and doctors. This includes, but is not limited to, name, physical description, family history or medical problems.

If a volunteer releases any information regarding the girls or parents Girls Inc serves, the volunteer's status can be terminated.

I understand and agree to abide by the above Confidentiality Policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ABUSE/NEGLECT RESPONSIBILTY STATEMENT**

If a child reports abuse or neglect to a volunteer or the volunteer suspects such, it must be reported within 48 hours to 1-800-252-5400 and to the Girls Inc Program Manager. In the event that the Program Manager is not available, the volunteer must report to another supervisory staff of Girls Inc.

I understand and agree to abide by the above Abuse/Neglect Responsibility Statement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Girls Incorporated of San Antonio Background Check Questionnaire

First, Middle, Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of DL: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other cities in Texas where you have lived: \_\_\_\_\_

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Other cities outside of Texas you have lived within the last 5 years (include county) \_\_\_\_\_

Ethnicity: *Please circle*

Hispanic      White      Black      Asian      American Indian      Other: \_\_\_\_\_

Other names used (maiden): \_\_\_\_\_

Disclaimer:

I allow Girls Incorporated of San Antonio to run a criminal history background check on me through Texas Department of Family and Protective Services. I understand that adverse results from this check will make me ineligible to volunteer with Girls Incorporated of San Antonio.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Recommendation Form**

\_\_\_\_\_ is applying to become a volunteer for Girls Incorporated of San Antonio and must submit three recommendation forms for review. Please answer the following questions:

**What is your relationship with the applicant?** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

<u>Interpersonal Skills/Qualities</u>	<b>Excellent – Poor</b>
Empathy; understanding of others	<b>5 4 3 2 1</b>
Positive attitude	<b>5 4 3 2 1</b>
High level of energy/enthusiasm	<b>5 4 3 2 1</b>
Dependability	<b>5 4 3 2 1</b>

<u>Communication Skills</u>	
Ability to listen effectively	<b>5 4 3 2 1</b>
Effective verbal skills	<b>5 4 3 2 1</b>

<u>Decision Making /Problem Solving Skills</u>	
Ability to recognize & deal with problem situations	<b>5 4 3 2 1</b>
Ability to exercise sound judgment	<b>5 4 3 2 1</b>
Ability to compromise	<b>5 4 3 2 1</b>

**Other comments about the applicant:**  
\_\_\_\_\_  
\_\_\_\_\_



**Your Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address/Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for your assistance. Please return this form to Jenean Cervantes, GI Volunteer Coordinator  
**By fax:** (210) 223-2142 ATTN: Jenean Cervantes RE: Volunteer Recommendation Form  
**By e-mail:** [jcervantes@chshel.org](mailto:jcervantes@chshel.org)  
**By mail:** 1209 S. St. Mary's, San Antonio, TX 78210



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**What is your relationship with the applicant?** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

<u>Interpersonal Skills/Qualities</u>	<b>Excellent – Poor</b>
Empathy; understanding of others	5 4 3 2 1
Positive attitude	5 4 3 2 1
High level of energy/enthusiasm	5 4 3 2 1
Dependability	5 4 3 2 1

<u>Communication Skills</u>	
Ability to listen effectively	5 4 3 2 1
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Ability to recognize & deal with problem situations	5 4 3 2 1
Ability to exercise sound judgment	5 4 3 2 1
Ability to compromise	5 4 3 2 1

**Other comments about the applicant:**  
\_\_\_\_\_  
\_\_\_\_\_



**Your Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address/Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**How long have you known the applicant?** \_\_\_\_\_

### Interpersonal Skills/Qualities

### **Excellent – Poor**

Empathy; understanding of others	5	4	3	2	1
Positive attitude	5	4	3	2	1
High level of energy/enthusiasm	5	4	3	2	1
Dependability	5	4	3	2	1

### Communication Skills

Ability to listen effectively	5	4	3	2	1
Effective verbal skills	5	4	3	2	1

### Decision Making /Problem Solving Skills

Ability to recognize & deal with problem situations	5	4	3	2	1
Ability to exercise sound judgment	5	4	3	2	1
Ability to compromise	5	4	3	2	1

**Other comments about the applicant:**

\_\_\_\_\_  
\_\_\_\_\_

**Your Name** \_\_\_\_\_

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**Your Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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