

“Helping people achieve dignity, independence and their dreams.”

**Application for Volunteer/Internship Services/
Contract Personnel/Other Providers**

www.communityhealthcore.com/volunteer
(903) 237-2366

Date:	
Name:	
Address:	
State/Province:	
Zip/Postal Code:	
SS Number:	
Home Phone:	
Cell Phone:	
Date Available to Start	

Do you have a driver's license?

Yes No

Driver's License number:	
State of Issue:	
Email Address	

Do you have transportation?

Yes No

Work location/program preferred:	

Education: College Other
 GED High School

Degree Yes No Major:

Are you fluent in a language in addition to English?

Yes No

If yes, what language(s) do you speak?

Special Skills:

Have you been arrested in the last four (4) years for any charges? Have you ever been convicted on a misdemeanor, felony, had probation or deferred adjudication?

Yes No

If your answer is "yes" please explain in detail. Giving dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you but a false statement will.

Details

Previous work or volunteer experience:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY TYPING YOUR FULL NAME IN THE SPACE PROVIDED.

I AUTHORIZE Community Healthcore to conduct a criminal history background check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation in accordance with applicable statutes.

I **CERTIFY** that all the information provided by me in connection with this application, whether on this application or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to consider, or if engaged, termination.

Signature or typed name: _____

Date _____