



## Project VIDA Volunteer Application

3607 Rivera Avenue, El Paso, TX 79905

Tel: 915-533-7057 Fax: 915-599-2431

[www.pvida.net](http://www.pvida.net)

Please fill out the following form in full. \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Fecha)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Nombre) (Apellido)

Address \_\_\_\_\_ Apt # \_\_\_\_\_  
(Direccion postal) Street Name/ Avenue

City/ Ciudad \_\_\_\_\_ State/ Estado \_\_\_\_\_ Zip Code/Codigo Postal \_\_\_\_\_

Preferred method of communication? Telephone ☐ Text ☐ E-mail ☐  
(Metodo de comunicacion preferido)

Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
(Telefono de la casa) (Celular)

Can you receive text messages? \_\_\_\_ Yes ☐ No ☐ Email \_\_\_\_\_  
(¿Puedes recibir mensajes de texto?)

Select Area which you are interested in volunteering: Economic ☐ Transitional Living ☐ ☐  
Education ☐ Dental Clinic ☐ Health Center ☐ Health Promotion ☐ Housing ☐  
Special Events ☐ Development ☐ Administration ☐ Special Events ☐ Other ☐

What hours are you available to work? Monday \_\_\_\_\_ - \_\_\_\_\_ am/pm Tuesday \_\_\_\_\_ - \_\_\_\_\_ am/pm



Employer \_\_\_\_\_ How many months/Years employed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you registered at Project Vida? \_\_\_\_ Yes ☐ No ☐ If so what is your registration number? \_\_\_\_\_

How did you hear about Project VIDA? \_\_\_\_\_

Have you volunteered with us before? Yes ☐ No ☐ If YES, When? \_\_\_\_\_ How many hours? \_\_\_\_\_

Primary responsibility? \_\_\_\_\_

Do you know anyone employed by or volunteering at Project Vida? Yes ☐ No ☐

If yes, who? \_\_\_\_\_ What is your relationship to them? \_\_\_\_\_

Why are you interested in volunteering with Project Vida? \_\_\_\_\_

\_\_\_\_\_

Please tell us what you hope to gain from your experience with us. \_\_\_\_\_

\_\_\_\_\_

Please tell us about any volunteer experience, work or education background that would be relevant to the role you are applying for. \_\_\_\_\_

**REFERENCES:** Please list the names and contact information for two references.

List at least one teacher, employer, or someone who has known you professionally.

Name	Nature of Relationship	E-Mail /Address and/or Phone Number
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**Medical Information:** Do you have any medical conditions that you would like for us to be aware of?  
(ex. Allergies to certain medications, foods, seizures, Etc.)

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Do you have any physical, mental, or emotional condition that would affect the type of work you could do with Project Vida, or that would require special accommodations?

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Have you ever been convicted or pleaded no contest to a crime? Yes ☐ No ☐ If YES, please explain:

(A criminal conviction will be considered only in relation to the assignment for you which are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account. However; failure to provide complete and accurate information to criminal convictions will result in the termination of the volunteer relationship with Project Vida.)

**Emergency Information:** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Evening \_\_\_\_\_

### **Volunteer Understanding**

I understand that volunteering for Project VIDA is done with no promise, expectation, or receipt of compensation for the services rendered. I also understand that volunteering for Project VIDA does not imply any commitment to offer me paid employment in the future, nor a commitment in my part to accept such employment should it be offered. I understand that this agreement is binding and that no oral or verbal representation by any Project VIDA staff member have any affect on my decision.

I understand that client information, including file information, is not to be disclosed to any third party, under any circumstances, without the consent of a Project VIDA employee that is supervising you and the

**volunteer coordinator. Any disclosure, misuse, copying or transmitting of any material data or information, whether intentional or unintentional will subject you to disciplinary, according to the procedures of Project VIDA and any applicable laws.**

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Signature of Applicant

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Print Name

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Date

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Signature of Supervisor

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Printed Name

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Date

### **Record Check Consent & Release**      **Please read this statement carefully.**

Project Vida requires, as a condition of volunteering, and/or continued volunteering, that all applicants (ages 18 and up) consent to and authorize a background check, as well as verification of the information submitted on the application and resume (if provided).

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I am volunteering, any false statements will be considered as cause for possible dismissal.

I understand that these records checks may include, but not limited to Driver's License, Criminal Record, and Professional Practitioners Licensing. My signature in this form authorizes Project Vida to obtain information from any law enforcement agency, court and/ or other records source. My signature further authorizes Project Vida to investigate any matter deemed relevant to my suitability to work directly with persons receiving services by Project Vida.

This authorization and release acknowledges that Project Vida may now, or at any time while I am volunteering, contact personal references provided and receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency and/or other information as deemed necessary to fulfill the requirements of the position.

To the extent allowed by the law, I hereby release all of the persons and agencies providing such information from any all claims connected with their release. Further, I do hereby agree to forever release and discharge Project Vida and its associates from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

I have read and understand this authorization and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide Project Vida with all information that may be requested.

I agree that any copy of this document is as valid as the original. Print clearly. Date of Birth: \_\_\_\_\_

Full Name (include all names used; past and present: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State and Driver's License Number: \_\_\_\_\_

**I hereby certify that all the information provided is complete and accurate to the best of my knowledge, and that I have read the terms listed above and agree to these terms in their entirety.**

Signature of Applicant

Printed Name

Date







