## **BLANCO GOOD SAMARITAN CENTER**

## **Thrift Store & Food Pantry**

607 Chandler Street Blanco, Texas 78606

## **VOLUNTEER APPLICATION**

Please complete this form (both sides) and the attached form for your Background Check.

Name							
	First	Last					
Mailing Addre	ess						
City, State, Zi	p						
Home Phone		Cell Phone					
Email Addres	s						
Church Affilia	tion, if applicable						
Emergency Co	ontact: (Name, relationshi	p, phone #)					
	·		<del></del>				
available: Morning (9:4	5 am to 1:00 pm)	, check here and mark t Afternoon (12:45 pm to	o 4:00 pm)				
M	Tu W	Th F	3 <sup>rd</sup> Sat				
Week 1	Week 2	Week 3	Week 4				
Are you will t	o be on the "call list" for su	ubstituting? Yes	No				
When can yo	u start?						
Have you every volunteered before? Yes No							
If yes, please	provide a brief description	of duties:					
			<del></del>				

may contact for reference:							
1							
2							
Please list the names of BGSC volunteers with whom you are already familiar:							
If accepted as a volunteer, I realize that I am not a paid employee and am not covered by workman's compensation insurance or guaranteed medical payment coverage which would compensate me should I be injured while on the premises of Blanco Good Samaritan Center. I fully release, discharge and forever hold harmless Blanco Good Samaritan Center, its Board of Directors, and other volunteers from any and all things, acts, omissions or conditions which may cause me damage or injury or any other problems.							
I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that I am not guaranteed a volunteer position by submitting this application. I understand that, if accepted, I will work within my assigned areas of responsibility without any monetary compensation.							
By signing below, I authorize Blanco Good Samaritan Center to investigate my qualifications and references for the purposes of evaluating whether I am qualified for the position for which I am applying.							
Applicant Signature Date							
Training Completed (Date): Trained By:							

Please list the name and phone number of two employers, supervisors, teachers or non-relatives we

## AUTHORIZATION AND CONSENT FOR DISCLOSURE OF CRIMINAL HISTORY INFORMATION

In connection with my Volunteer Application at Blanco Good Samaritan Center (BGSC), I give my consent for BGSC to search for criminal history information through the Texas Department of Public Safety. I understand that criminal history information includes any criminal conviction records for deferred adjudication, misdemeanor or felony offenses at age 17 or older. Any such information will be used solely for volunteer status-related considerations and not for any other purpose.

I am aware that this background check is only a screening tool and that I may asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

I authorize, consent, and grant permission to any person or entity to release to BGSC or its agent(s) any and all information regarding my criminal history. I waive any and all claims I may have with respect to providing such information. I understand that BGSC or its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release BGSC and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by BGSC and its agent(s).

I understand that this authorization is not an acceptance of my Volunteer Application by BGSC and that any false or misleading information I have provided to BGSC may result in a refusal of my volunteer services. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform BGSC in writing that I revoke this authorization.

Please Legibly Print or Type:

Name:				
	(Last)	(First)	(Middle)	
Address:				
	(Street)	(City)	(State)	(Zip)
Date of Birth:			Male	Female
	(MM/DD/Y)	(YY)		
Driver's I	License No.:			
	(State)		(Number)	
Signature of Prospective Volunteer			Date	