



Date of Application  
\_\_\_\_\_

## Volunteer Application

**Couples should apply individually but can work together upon request. If married both spouses must submit a background check even if only one is applying to volunteer.**

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

County: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL State & # \_\_\_\_\_

Have you lived out of Texas in the past 5 years?  NO  YES What State? \_\_\_\_\_

How did you hear about TruLight127? \_\_\_\_\_

**This box is optional but helpful when matching mentors according to a child's request.**  
Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_ Level of Education: \_\_\_\_\_

### Check areas you wish to serve in:

**Fostering** \_\_\_\_\_

**Respite Care** \_\_\_\_\_

**Adopting** \_\_\_\_\_

**Babysitting** \_\_\_\_\_

**Volunteer Work** \_\_\_\_\_

**Donations** \_\_\_\_\_

**Advocating** \_\_\_\_\_

**CASA** \_\_\_\_\_

**Support Team** \_\_\_\_\_

**Mentor** \_\_\_\_\_

### Community Involvement

Organization(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

May we contact?  YES  NO

**Background: If you answer YES to any of the following questions please provide an explanation in the space provided.**

NO Have you ever been arrested or convicted of a felony or misdemeanor?

YES \_\_\_\_\_

NO Have you ever been reported for abuse or neglect of a child or children?

YES \_\_\_\_\_

NO Have you ever been convicted of child abuse or neglect?

YES \_\_\_\_\_

**Personal References: List at least 3 people that have known you over 1 year. Only 1 may be a relative. All information must be complete for each reference.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip Code

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip Code

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip Code

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Optional: Pastor or Ministry Leader

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip Code

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby declare that the information provided by me in this Application for Volunteering is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified. I understand that if any of this information is found to be inaccurate or false this may be used to terminate any further consideration of my application. I give my consent for agencies, companies, friends, and family members to be contacted.

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

\_\_\_\_\_  
**Printed Name**

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