

VOLUNTEER APPLICATION



Please complete this application in its entirety and return to:

Attention : Volunteer Coordinator

By e-mail: info@wadesmithfoundation.org

By fax: 1-888-657-8520

First Name _____

Last Name _____

Address _____

City/State/Zip. _____

Telephone _____

Primary E-mail Address _____

Social Security # _____

Date of Birth _____

Driver's License/State Issued ID # _____

Issuing State _____

Spouse's Name _____

Gender: Male Female

Physical Limitations: No Yes

(Please Explain) _____

Education (Highest level completed)

Grades: 1-5 6-9 11-12 College Business Graduate School Tech./Vocational

Current/Former - work/occupation _____

Most recent employer (optional) _____

In an emergency, notify:

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Telephone _____

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Have you ever been convicted of a crime? (You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for marijuana related offenses for personal use, and misdemeanors for which probation was completed and the case judicially dismissed.) ___yes ___no
If yes, please explain _____

If yes, was the conviction in Texas or in another state? Please specify state(s) _____

Advisory: A check of the volunteer applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

Consumer Background and Investigative Search Notice, Authorization and Liability Release - Volunteer Placement

In the course of consideration for volunteer placement with or through The Wade Smith Foundation (WSF), I agree that a Consumer Background Report will be conducted on me, and also agree that WSF may have a complete copy of this report. Additionally, in the event that claims or disputes between me and WSF, WSF may request such consumer or investigative reports for the purpose of evaluation and response, regardless of whether I remain in the volunteer placement of WSF at the time such claims or disputes arise. My signature below indicates my consent.

I have carefully read and understand this notice and authorization form and by my signature below, consent to the release of consumer or investigative consumer reports as defined above, to WSF. I further understand that any and all information contained in my volunteer application or otherwise disclosed to WSF by me before, during or after my volunteer placement, if any, may be utilized for the purpose of obtaining the consumer or investigative reports requested by WSF and confirm that all such information provided in connection with my volunteer application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be or is an offer of employment.

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of The Wade Smith Foundation and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by The Wade Smith Foundation."

(Signature/Volunteer)

(Date)

(Signature/Staff)