



## Volunteer Application

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

Male/Female **(please circle)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Current Employment \_\_\_\_\_  
(Position) (Company Name)

Address \_\_\_\_\_ Length of Time Employed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone # \_\_\_\_\_

Educational Background (please check one)     High School     College     Post Graduate

College/University Attended(ing) \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

**Volunteer Experience:**

Date	Organization	Duties	Contact Person/Phone #

Person who referred you to us or how you came to know of us: \_\_\_\_\_

Are service hours for an agency, service project, etc? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of agency \_\_\_\_\_ # of Hours required: \_\_\_\_\_

Special skills and/or certifications (CPR, etc.): \_\_\_\_\_

Reason for wanting to volunteer: \_\_\_\_\_

What special talents or hobbies could you share? \_\_\_\_\_

Have you ever been arrested, charged with, convicted of, or received deferred adjudication with respect to any crime, except minor traffic offenses resulting in a fine of less than \$200? Yes _____ No _____
Have you ever been convicted of any crime of violence against a minor? Yes _____ No _____
Have you even been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes _____ No _____
Do you use illegal drugs? Yes _____ No _____
Have you even been fired for cause or asked to resign a job, or been expelled from school? Yes _____ No _____

References (3 required: No family members, please list at least 1 faculty or supervisor):

Name	Address	City	Phone

## CANDLELIGHTERS AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Candlelighters and/or its duly accredited representative, to investigate any information included in my volunteer application. I hereby authorize employers, educational institutions, my personal and volunteer services references to furnish Candlelighters with any information they may have concerning me which they may have on record or otherwise.

I understand that Candlelighters may decline to accept me as a volunteer if I have any arrests, convictions, nolo contendere pleas, deferred adjudication, or other criminal entries on my record. I also understand that this decision is in no way intended to reflect negatively toward me; nor will factors such as race, sex, age, national origin, disability status or marital status be considered in any decision. Any inaccurate information or omissions may result in my being denied the opportunity to serve as a volunteer at Candlelighters.

I hereby fully release and discharge Candlelighters its respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency or other source providing information to Candlelighters from all claims and damages arising out of or relating to any investigation of my background for volunteer placement.

If placed as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization at any time during my volunteer placement period.

Name of Applicant \_\_\_\_\_  
 (Please Print) (Last) (First) (Middle)

\* Driver's License #/ID # \_\_\_\_\_ State \_\_\_\_\_

\* Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant (Date Signed)

*\*Social Security Number, Photocopy of Driver's License/ID and Date of Birth are used for investigation purposes only*

**Please list 3 previous residence(s) including college**

Street Address	City/Town/County	State/Zip Code	Dates of Residence

**VOLUNTEER STAFF  
AGREEMENT AND RELEASE FORM**

In consideration for my being allowed to participate as a volunteer for Candlelighters, I agree to release Candlelighters from any and all claims from personal injury, property damage or any other nature, which might arise as a result of duties as a volunteer. In addition, I shall refrain from instituting, pursuing or aiding any claim, demand, action or causes of action growing out of, or hereinafter to grow out of my duties as a volunteer. This Agreement shall be binding upon me and my heirs, agents and assigns.

THIS IS A LEGAL RELEASE OF LIABILITY FORM. I HAVE READ THIS FORM CAREFULLY AND HAVE HAD ALL QUESTIONS ANSWERED BEFORE SIGNING.

X \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

X \_\_\_\_\_ (Witness)

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**CONFIDENTIALITY STATEMENT**  
*Please read carefully before signing*

I understand and agree that in the performance of my duties as a volunteer of Candlelighters, I must hold in strictest confidence any observations I may make or information I may hear regarding patient, patient's family, or staff.

I verify that all of the information provided by me on this application is true, correct, and complete. I grant Candlelighters permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statement or the omission of any information necessary to make this application complete may result in rejection of my application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer Preferences (Check all that apply):**

**Office**

- Clerical
- Health Fairs
- Presentations
- Basket Deliveries**
  - Thanksgiving
  - Christmas
- Family Meetings**
  - Arts & Crafts
  - Day Care

**Activities**

- Valentine's Party
- Spring Break Sleepover
- Easter Party
- Halloween Party
- Field Trip Chaperone
- Camp Little
- Family Picnic
- Teen Retreat
- Christmas Party

**Fundraisers**

- Softball Tournament
- Golf Tournament
- Holiday Card Sales
- Walk of Hope

**Helping Hands:**

- Hospital Visits
- Home Visits

**Camp Counselors**, please remember that each is a week-long residential camp. Orientation/training for each camp will be conducted prior to departure date(s).

Camp Bravo (Siblings)

Camp Courageous (Patients)

Describe experiences working with groups of children:

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Please check when you are available:

- |                                    |                                    |                                   |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Morning   | <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Evening   | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
|                                    | <input type="checkbox"/> Thursday  |                                   |

How many hours per week? \_\_\_\_\_

- Willing to volunteer for:
- |  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> client transportation | <input type="checkbox"/> cooking | <input type="checkbox"/> serving  |
| <input type="checkbox"/> decorating            | <input type="checkbox"/> games   | <input type="checkbox"/> clean-up |

***Candlelighters***

**1400 Hardaway St., Ste. 206 \* El Paso, TX 79903**  
**Phone: (915) 544-2222 Fax: (915) 544-6313**

***Please email or fax your forms to maryv@candlelighterselp.org***