

Crossroads Family Services
VOLUNTEER APPLICATION FORM
Thank you for your interest in the welfare of the citizens of Collin County!!

Please Type/Print

NAME (Last) _____ (First) _____ (Middle) _____

AKA (Maiden name, Nickname, etc.) _____ Social Security Number _____ Date of Birth _____

Ethnic Background: _____ Other Languages Spoken: _____

ADDRESS (Street) _____ (City) _____ (Zip) _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____ E-Mail _____

Current Occupation: _____ If Retired, Previous Occupation: _____

Employer: _____

Employer Address: _____ City/Zip: _____

How long? _____ Description of Work: _____

Work Hours: _____ Days Off: _____

Drive's License Number: _____ State: _____ Expiration Date: _____

Have you ever been convicted of any criminal charges? YES _____ NO _____

If yes, give details in space provided below.

Date of Offense	Age Then	Charge	City/State	Disposition

Education or Special Training: _____

Service Groups, Professional Memberships: _____

Please list volunteer services or employment for the past 10 years. (Attach **résumé**, please, if available) relating to work with women, youth, social services, (volunteer or paid):

Please list your hobbies, interests, and favorite pastimes: _____

Please take a moment to share why you would like to volunteer with CFS: _____

What do you see as your strengths in volunteering with CFS: _____

What do you see as your weaknesses? _____

Support Skills: Word Processing? Yes or No WPM: _____ Filing? Yes or No Data Entry? Yes or No

Please list any computer skills you have (i.e. programs, type of computer, etc.) _____

Do you have any public speaking experience? If so, what types? _____

Would you be interested in helping out with Special Events (fund raisers, etc.)? _____

Is there any other information not covered on this application that you think would be helpful for us to know?
