

# FRISCO CARES VOLUNTEER APPLICATION

214-705-8200  
www.friscocares.org



Contact Information											
First Name, M.I., Last Name:								Other/Maiden Name:			
Street Address:								Date of Birth:			
City, ST, ZIP Code:						Number of years at this address:					
If you have lived here less than 2 years, please provide prior address:											
Home Phone:				Cell Phone:				Work Phone:			
E-Mail Address:											
Name/phone number to contact in case of an emergency:											
Special Skills / Qualifications											
Professional Designation:	CNA	DO	EMT	LVN	MA	MD	NP	PA	RN	CMT	Other:
License / Certification Number:								State:		Date of Expiration:	
What languages, other than English, do you speak? Are you fluent or conversant?											
Interest Areas											
<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP				<input type="checkbox"/> CNA <input type="checkbox"/> MA <input type="checkbox"/> EMT <input type="checkbox"/> Office Staff (Clerical/Administrative)				<input type="checkbox"/> Event Coordinator <input type="checkbox"/> Fundraising <input type="checkbox"/> Grant Writing <input type="checkbox"/> Finance <input type="checkbox"/> Other			
Other special skills and/or hobbies? Related volunteer or other work experience? You may attach your resume or additional pages.											
Availability											
Days of the week:						Time:			Length of commitment:		
Background											
Frisco Cares requires all volunteers to give written authorization for a criminal background check. You will be provided a permission form, and be notified upon satisfactory completion of a criminal history background check.											
Have you ever been convicted of a felony or misdemeanor against another person?											
Have you ever been convicted of felony possession or distribution of any controlled substance?											
Agreement and Signature											
I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Frisco Cares. I also understand that any misrepresentation made by me in completing this application shall be considered a sufficient cause for my dismissal without advance notice. I understand that I am subject to a criminal background check at any time while I am volunteering for Frisco Cares.											
Signature:								Date:			