



## THE JESSE TREE VOLUNTEER APPLICATION 2014

Thank you for your interest in volunteering at The Jesse Tree. Please complete the following information and return for processing. We will contact you with assignment opportunities as soon as possible. **Email** ([rsalinas@jessetree.net](mailto:rsalinas@jessetree.net)) call 409-762-2233 or fax 409-995-0977 for current opportunities.

### Primary Contact Information:

Mr. Mrs. Ms. \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First Name, Last Name, MI) (Month / Day / Year)

Organization Name: \_\_\_\_\_

(Include # of volunteers available, if relevant)

Address: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_ Zip: \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_ Drivers License: \_\_\_\_\_

(State and number, class type)

### Skills and Interests

*Please indicate all areas of expertise:*

Construction/Building Trades  
Hospitality / Food Service  
Communications  
Fund Development / Marketing  
Financial Management  
Office / Clerical  
Information Technology  
Case Management  
Legal  
Medical  
Education / Instruction  
Language(s) \_\_\_\_\_

*Please indicate all areas of volunteer interest:*

Cleaning/Facilities Repair  
Food/Supplies Distribution  
Case Management Support  
Clerical, including data entry  
Transportation  
Technology Programs (see page 3)  
i.e. the bilingual call center, The Jesse Tree Journal  
Nutrition Programs (see page 3)  
i.e. food fairs, cooking classes  
Health Related Programs (see page 3)  
Chronic Conditions Management (see page 3)  
Cultural/Health Disparities (see page 3)  
i.e. stress management music project

### Other

Other Experience \_\_\_\_\_

Special skills \_\_\_\_\_

Profession licenses / certifications \_\_\_\_\_



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### Privacy Statement

*I, the undersigned, understand and agree that all information regarding clients, prospective clients, staff and all information regarding The Jesse Tree and its affiliates is strictly confidential and must never be discussed or repeated*

*I understand that confidential information will be given to me only as it pertains to my duties or volunteer duties and no records, files or other written materials are to be removed from offices or work sites related to the aforementioned agencies without written permissions from the person directing the assigned task and only as deemed necessary to perform the specific task.*

*I further understand and agree that if I do not respect and maintain the agreement of confidentiality, that I will be terminated as a volunteer of The Jesse Tree and may be personally liable for any damages incurred as a result of the release of confidential information.*

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(if under 17 and not with a group)

**How did you learn about the Jesse Tree? :** \_\_\_\_\_

### Emergency Contact Information

In case of an emergency, please notify : \_\_\_\_\_  
(Please print name)

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

### Medical Information

Medical alert/allergies: \_\_\_\_\_  
\_\_\_\_\_

### Availability / Schedule

I can begin volunteering at the Jesse Tree starting: \_\_\_/\_\_\_/\_\_\_

My last day will be: \_\_\_/\_\_\_/\_\_\_

I would like to work: (please check your desired weekly schedule for days and times)

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Weekend Only

Full day (8 hours)    Half-day    From home (telecommuting)

Mornings(time):

Afternoons(time):

After 5 P.M.