



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Name:		Date:
Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Cell Phone (Optional):
E-mail Address:	Ethnicity (optional): White/Caucasian   African-American   Hispanic/Latino   Asian   Other	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	When calling, can we say we are calling from SAFB? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Age:	Sex:   Male / Female
Current Employer & Years Employed:		Occupation:
Former Employer:	Date:	Position:
Do you claim any disabilities or have any physical limitations that might interfere with your work? If yes, please explain:		
Have you ever been convicted of a felony? (If yes, please explain)		
List Prior Volunteer Activity (community, church, etc.):		
Hobbies:		

### EDUCATION

School Attended:	Degree (if applicable):	Major: (if applicable)
School Attended:	Degree (if applicable):	Major: (if applicable)
Special Skills, Foreign Languages, Interests, Experience:		

<b>In case of emergency, please contact:</b>		
Name:	Relationship:	Phone:

**Briefly explain why you want to be a volunteer at SAFB:**

What do you want to do at SAFB? <input type="checkbox"/> Peer to Peer <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaping <input type="checkbox"/> Clerical <input type="checkbox"/> Presentations <input type="checkbox"/> Drug Free Communities <input type="checkbox"/> HIV – Project HOPE <input type="checkbox"/> Groups <input type="checkbox"/> Promotions/Marketing <input type="checkbox"/> Other _____

**Other Information:**

How did you hear about SAFB?	
Are you volunteering as part of a school volunteer program? If so, which school/program?	
Are you volunteering to fulfill volunteer requirements for school or work? Yes                  No	If yes, how many hours are required?
Do you have your own method of transportation? Yes                  No	If yes, what type of vehicle do you drive? Car    Truck    SUV    Mini-Van    Other:
Would you be willing to use your vehicle for SAFB volunteer activities (outreach, hauling equipment, etc.)    Yes    No	
Can you estimate how long you intend to volunteer at SAFB? (certain volunteer activities at SAFB require longer-term commitments)	
<input type="checkbox"/> 1 month or less (short term) <input type="checkbox"/> 2-4 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 6 months – 1 year (long term) <input type="checkbox"/> Can't say at this time	

**AVAILABILITY (Please indicate times you are available. Circle all that apply):**

	Weekdays	Weekends
<b>Morning (8am-Noon)</b>	M    T    W    Th    F	Sat.    Sun.
<b>Afternoon (Noon-5pm)</b>	M    T    W    Th    F	Sat.    Sun.
<b>Evening (5pm-9pm)</b>	M    T    W    Th    F	Sat.    Sun.
Please indicate other times you are available or want to work		

<b>Are you willing to go through volunteer training?</b>	<b>Yes</b>	<b>No</b>
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Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application in person or by mail to the following address:**

**San Antonio Fighting Back, Inc.  
 Volunteer Services  
 2803 East Commerce  
 San Antonio, TX 78203  
 (210) 271-7232**