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JTC X-CHANGE VOLUNTEER & MENTORING PROGRAM

Volunteer Enrollment Form

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| Name: | | | | | | |  | | | | Date of Birth: | | |  | | | | | | |
| Occupation: | | | | | | |  | | | | S.S.# (Last 4-digits) | | | |  | | | | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | City State Zip | | | | | | | | | |  |
| All other Cities/States you have lived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
|  | | Tele: | | | |  | | | | | | | | | | | | | | |
|  | | Email: | | | | | | |  | | | | | | | | | | | |
|  | |  | | | Please list the organization(s)/ individual(s) that referred you to our program | | | | | | |  |  | | |  | | |  | |
| \_\_\_\_\_\_\_I WOULD ALSO LIKE TO BECOME A MENTOR and join the JTC MENTORING PROGRAM (\*All individuals assigned as mentors are expected to commit to a minimum of two semester with mentees) | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_SPECIAL EVENTS ONLY What Days & Times Can you Volunteer? Please List below: | | | | | | | | | | | | | | | | |  | | | |
|  | Availability – Please indicate (X)  \_\_\_Morning/Weekday/Weekend  \_\_\_Afternoon/Weekday/Weekend  \_\_\_Evening/Weekday/Weekend | | | | | | | | | | | | | | | | | | | |
| Please complete now or fill out online and email to [ljennings.jtcxchange@gmail.com](mailto:ljennings.jtcxchange@gmail.com)  By signing this form you are granting permission to the JTC X-Change, Inc. to conduct a background check prior to confirming this volunteer position. Please note the information above is used in strict confidence only for the use of a background check, in order to be considered as a volunteer. | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | | | Date Signed: | | | | | | | | | | | | | | | | | |
| **License # \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_Exp.\_\_/\_\_/\_\_\_\_**  **Interest:**  **Tell us in which areas you are interested in Volunteering:**  **\_\_\_Office \_\_\_Volunteer Coordination**  **\_\_\_Field Work \_\_\_Fundraising**  **\_\_\_Media (video editing)**  **Events:**  **\_\_Mentoring \_\_\_Prison Outreach**  **\_\_Food Drive \_\_\_Nursing Home**  **\_\_Clothe Drive**  **Special Skills or Qualifications**  **Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies or sports.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
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| **Previous Volunteer Experience**  Summarize your previous volunteer experience.  **Person to Notify in Case of Emergency**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Agreement and Signature**  By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements omissions or other misrepresentations made by me on this application may result in my immediate dismissal.  Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Our Policy**  It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.  Thank you for completing this application and for your interest in volunteering with us. | | | | | | | | | | | | | | | | | | | | |
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| Comments: | | | | | | | |  | | | | |  | | | | |  | | |
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