



THE JESSE TREE VOLUNTEER APPLICATION 2017

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* (dmitchel@jessetree.net or 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.