

Date Received: _____

Date Approved: _____

Anniversary date: _____

Copy of DL: _____

Staff initial: _____



Volunteer Application

Please print clearly and fill out the application in its entirety.

(Return to: Becky Duncan, Community Relations Dir., 200 N. Beckham, ET Cornerstone, Tyler, TX 75702 or FAX to 903-533-9721 or e-mail to becky@etcornerstone.org)

Full Name _____ DOB _____
First Middle Last

Male () Female () DL# or State ID# _____

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____ Best time to contact: _____

Phone Numbers: Home _____ Cell _____

Work _____ Email _____

Preferred method of communication (circle all that apply): cell home work e-mail

List two emergency contacts: Name and Phone Number:

Hospital Preference: _____ Med. Allergies: _____

Employer (if applicable) _____

Position _____ How long have you worked there: _____

Have you ever volunteered before? _____ If yes, where & what did you do?

Why are you interested in volunteering with ET Cornerstone Assistance Network?

How did you hear about ET Cornerstone Assistance Network?

Church Friend You are a previous client Other _____



ET Cornerstone Assistance Network – Volunteer Application (cont.)

I am interested in the following volunteer opportunities- refer to 'Volunteer Opportunities' page at back of Volunteer Ap Packet: (you may select more than one)

- Cornerstone Resale & Donation Centers
- Building Maintenance
- Other (Sp. Projects)
- Driver (must be 21 years old)
- Craftsman

Please list any languages that you speak, read and/or write fluently, in addition to

English: _____

Please list 1 reference:

Name _____ Relationship _____

Phone Number _____ E-mail _____

Have you ever been charged with or convicted of the following: (check 'yes' or 'no')

- (a) Felony? _____Yes _____No
- (b) Theft of any type? _____Yes _____No
- (c) Any crime involving a sexual offense, an assault or the use of a weapon?
_____Yes _____No
- (d) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?
_____Yes _____No
- (e) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
_____Yes _____No

If you answered, "Yes," to any of the above five questions, please explain.

By signing below, I affirm that I have answered all questions truthfully.
I understand that if any portion of this application is found to be intentionally false,
I may be denied the right to volunteer for ET Cornerstone Assistance Network.

Signature

Date

Printed Name: _____



Volunteer Opportunities

The Store at Cornerstone:

There are many aspects to The Store- some of which include:

- Sorters – Sort items by quality/gender/age/size/color. Prepare clothing & merchandise.
- Cashiers – Check-out our Cornerstone Store shoppers.

Building/Lawn Care (lawn care in Spring and Summer):

Assist in different building maintenance projects from painting to minor repair work.

Other (Special Projects):

These are seasonal, short-term (three months or less) opportunities to help with special events (like school uniforms or toys at Christmas).

Drivers:

Assist to pick up donations at homes and businesses. This is typically needed on Tuesdays, but may expand to other days. These volunteers should be able to lift heavy objects.

Craftsman:

We often receive furniture and appliances, which with a little TLC, could be great pieces. If your skill is to repair or refinish furniture or appliance, this opportunity was made for you.

Preferred Location to Volunteer:

Store in Tyler

Store in Lindale

Preferred Time to Volunteer:

Day: Monday Tuesday Wednesday Thursday Friday Saturday

Time: First Shift: 9:00–1:00 (Sat. 9:00-2:00) Second Shift (M-F): 1:00 – 5:00



Background Verification Release Form

AGENCY INFORMATION:

PLEASE PRINT LEGIBLY

Date	Agency Name ET Cornerstone Assistance Network – 200 N. Beckham, Tyler, TX 75702		
Contact Name Becky Duncan – Community Relations Director			
Phone Number 903-597-5334 x108		Fax Number 903-533-9721	

APPLICANT INFORMATION:

Applicant Full Name (First, Middle, and Last)			Maiden or Other Name(s) Used	
Current Address				
City		State	Zip Code	County
Date of Birth	Driver's License Number		Exp. Date	State Issued
Position Applied For East Texas Cornerstone Assistance Network - Volunteer				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		

I hereby authorize ET Cornerstone Assistance Network and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Driving Record, and if needed other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with ETCAN. I also understand that as long as I remain a volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by ETCAN and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge ETCAN and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I acknowledge that I have voluntarily provided the above information for volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)



VOLUNTEER AGREEMENT

I agree to serve as an ET Cornerstone volunteer and commit to the following:

1. To complete all required training for the volunteer positions I accept (when applicable).
2. To abide by all guidelines and procedures of E.T. Cornerstone Assistance Network.
3. To respect the confidential nature of all records and personal contact with clients or customers.
4. To work cooperatively with staff and other volunteers.
5. To notify my supervising Cornerstone staff member(s) when leaving my position.
6. That any photos taken while performing my volunteer duties at or on behalf of E.T. Cornerstone may be published.
7. To meet time and duty commitments or give adequate notice so that alternate arrangements can be made.

CONFIDENTIALITY FORM - ALL VOLUNTEERS

I understand that I am required to complete all training for the volunteer positions I accept, to abide by all guidelines and procedures of Cornerstone, to respect the confidential nature of all records and personal contact with clients, and to work cooperatively with staff and other volunteers.

I have read the above, understand and agree:

Signature _____

Date _____

Printed Name of Volunteer: _____

You may mail, fax or scan your application to ET Cornerstone:

Becky Duncan, Community Relations Director
East Texas Cornerstone Assistance Network
200 N. Beckham, Tyler, TX 75702
903-597-5334 x108 Becky's desk
FAX 903-533-9721
becky@etcornerstone.org