



**Submit to:**  
 Volunteer Coordinator  
 Brighter Tomorrows  
 928 Bluebird Drive  
 Irving, TX 75061  
 Phone: 972-254-4003  
 Fax: 972-254-8086

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Education Completed: H.S. College: 1 2 3 4 BA/BS MA/MS MSW JD LPC MD PHD PSYD

Please list language(s) spoken fluently \_\_\_\_\_

Do you have training in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_ Is your certification current? \_\_\_\_\_

Are you receiving educational credit for your service hours? \_\_\_\_\_

Total Hours Needed: \_\_\_\_\_ Date Due: \_\_\_\_\_

School: \_\_\_\_\_

Program/Major: \_\_\_\_\_

Are you performing community service as a result of probation or as a requirement for a government program? \_\_\_\_\_

Total hours needed: \_\_\_\_\_ Date Due: \_\_\_\_\_

If serving as a result of probation, what was your offense? \_\_\_\_\_

Please list previous volunteer experience:

Organization	Activities
_____	_____
_____	_____
_____	_____

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Skills/Hobbies/Interests: \_\_\_\_\_

How did you hear about Brighter Tomorrows? \_\_\_\_\_

Why do you want to volunteer at Brighter Tomorrows? \_\_\_\_\_

Have you had any personal experience with domestic violence and/or sexual assault? \_\_\_\_\_

What concerns do you have about working with survivors of domestic violence and/or sexual assault? \_\_\_\_\_

If you could tell one thing to a survivor of domestic violence or sexual assault, what would that be? \_\_\_\_\_

**Program Interest: Check all that apply.**

- Childcare:** Spend time with the children at one of our shelters, our outreach office or Transitional Housing leading structured activities during support group sessions and life skills classes
- Shelter Assistant:** This is a dynamic position that may include duties from child care, administrative help, and maintenance. If you would like to volunteer in one of our emergency shelters, this is an excellent way to assist staff with general everyday needs.
- Administrative Help:** Volunteers work in one of our office locations assisting with clerical work, data entry, making copies, answering telephones, assembling intake packets, etc.
- Hotline Advocate:** Answer crisis hotline and assist callers with crisis counseling and referral information for victims of family violence. In addition, volunteers assist with light office duties. Minimum commitment of one shift per week.  
\* Requires 8 hours additional sexual assault/domestic violence training.
- Court Partnership Program :** Observe court proceedings and gather data regarding domestic violence cases that will be used in a coordinated effort to improve the effectiveness of the court system for victims of domestic violence.
- Maintenance:** Assist with projects such as painting, landscaping, or minor repairs at any of our locations.
- Resale Store:** Assist store staff in receiving, sorting, tagging, and displaying donated goods for sale in one of our thrift store locations. Store hours are 9 am to 5 pm Tuesday - Saturday.

Volunteer Availability:

Days

Times

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Commitment:  Daily  Weekly  Bi-weekly  Monthly  One-time

Have you ever been convicted of any criminal offense?  Yes  No

If yes, state the nature of the crime(s), when and where convicted, and dispositions of the case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional References:** List two adults who have known you for at least one year in a professional capacity.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact:** Please list someone that can be contacted in case of an emergency.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**In consideration for the opportunity afforded me to assist on a voluntary basis for Brighter Tomorrows, Inc., I hereby waive any right or cause of action arising as a result of my participation in projects and services from which any liability may or could accrue against Brighter Tomorrows, Inc. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for Brighter Tomorrows, Inc.**

\_\_\_ I have read and agree to the disclaimer.

I affirm that the above information is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Background Verification Release Form

#### AGENCY INFORMATION

Date	Agency Name <b>Brighter Tomorrows</b>		
Contact Name <b>Diana Franzetti</b>			
Agency's Main Phone Number <b>972-254-4003</b>		Agency's Fax Number <b>972-254-8086</b>	

#### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

I hereby authorize Brighter Tomorrows to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and 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 an employment/volunteer position with this organization. I also understand that as long as I remain an employee or 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 client/agency 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 Brighter Tomorrows 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, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to Brighter Tomorrows for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/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)

**Brighter Tomorrows, Inc.**

**Confidentiality Agreement**

I will respect and maintain the confidentiality of client identity, information, and receipt of services. I understand that failure to comply with confidentiality requirements will result in immediate termination of my affiliation with Brighter Tomorrows.

If I am aware of the location of any safe shelter, I will maintain the confidentiality of the shelter location. I will respect the security level of all agency locations.

I understand that revealing information regarding the location of the shelter or identity of clients could put them in danger. (If asked if any individual is or was a client, I will say, "I can neither confirm nor deny any person has received services from Brighter Tomorrows.")

I will respect and maintain the confidentiality of staff and volunteer identity and information. The safety and well-being of clients, staff, and volunteers will be my primary concern.

I will notify the Executive Director immediately, during, and after my affiliation with Brighter Tomorrows, if I receive a court order regarding any agency records, including but not limited to, program records, residents, nonresidents, shelter center activities, or personnel issues.

I will continue to maintain this agreement even after my active affiliation with Brighter Tomorrows has ended.

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Printed Name

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Organization

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Address

City

State

Zip

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Signature

Date