



**Family Violence Prevention Services, Inc.  
Battered Women and Children's Shelter**

7911 Broadway San Antonio TX 78209

**VOLUNTEER APPLICATION**

All FVPS prospective volunteers must submit a completed volunteer application. Volunteer selection is based on a successful screening interview, criminal background check, and volunteer orientation. Please complete and submit this application.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever used another name for work, school or business purposes? If so, identify name(s), date(s) and circumstance: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Does your company offer a matching fund or company contribution for your volunteer services?

Yes \_\_\_ No \_\_\_ if yes, who is the contact person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

In the case of an emergency at any of our facilities, can we contact you to volunteer: \_\_\_\_\_

Highest level of education:

<input type="checkbox"/>	High School	<input type="checkbox"/>	Some College	<input type="checkbox"/>	College Degree	<input type="checkbox"/>	Masters	<input type="checkbox"/>	PhD
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Indicate your availability:

<input type="checkbox"/>	Weekday	<input type="checkbox"/>	Weekend	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Bi-Monthly
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Desired Shifts:

<input type="checkbox"/>	Day (7am-3pm)	<input type="checkbox"/>	Evening (3pm-11pm)	<input type="checkbox"/>	Nights (11pm-7am)	<input type="checkbox"/>	On Call	<input type="checkbox"/>
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Foreign Languages and level of competency? \_\_\_\_\_

Computer Literacy Level:

<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced
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Have you ever been arrested, charged or convicted of any crimes? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain \_\_\_\_\_

Tell us in your own words what motivates you to volunteer with FVPS: \_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Please return to:**

**External Affairs**

**Phone:** (210) 930-3669 Ext 2217

**Email:** [blanca.uribe@fvps.org](mailto:blanca.uribe@fvps.org)

<i>For FVPS Office Use Only</i>	
<b>Approved by:</b> _____	<b>Date:</b> _____
<b>Remarks:</b> _____ _____ _____	