



"YOU ARE NOT ALONE"

FOOTPRINTS Children's Grief Ministry
402A West Palm Valley Blvd., Suite 335
Round Rock, Texas 78664-4200

Phone 512-705-5194:
E-Mail: footprints@fpcgm.org
<http://footprintschildrensministry.org>

Volunteer Program Application

Name of Applicant _____ Date: _____

Home Address: _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phones: (Home) _____ (Cell) _____ (Work) _____

E-Mail Address: _____

EMPLOYMENT:

Currently Employed: Yes _____ No _____ Retired _____

If Yes, Name of Employer: _____ Address: _____

May we call you at work? Yes ___ No ___ If Yes, Work Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship _____

Phones: (Home) _____ (Cell) _____ (Work) _____

Name: _____ Relationship _____

Phones: (Home) _____ (Cell) _____ (Work) _____

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EDUCATION AND PROFESSIONAL ORGANIZATIONS

Foreign Language Proficiency: _____

Education:

Name of School	Major	Associate	Bachelor	Master	PhD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Certifications/Licenses: Please List:

Professional, Community, and Other Organizations (Please list)

Preferred Area of Service: Commitment: 2 Years (initial) _____

Class Facilitator: Death ___ Divorce ___ Child ___ Adult ___ Admin. ___ Events ___

Officer ___ **Board of Directors** ___

Area(s) in which you would prefer to not be involved as a Footprints Volunteer:

Volunteer Data Sheet

While this information helps in volunteer assignments, it is not mandatory to answer any question.

Applicant Name: _____

Birthday: _____ Spouse's Name: _____

Children at home:

Name _____ Age _____ Male ___ Female _____

Name _____ Age _____ Male ___ Female _____

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Name _____ Age _____ Male__ Female _____

The most recent death/divorce of someone close was (relationship and circumstances): _____

What makes you interested in Footprints volunteer work? _____

Previous Volunteer Experience (agency and job performed): _____

I have special skills, interests, or hobbies you would like to use as a volunteer? _____

Is there any disability, which might affect your choice of volunteer work? _____

Questions, care, or concerns about volunteering: _____

Personal References

Footprints requires that volunteers provide two personal references **not related** to the volunteer:

Reference 1: Name: _____

Street Address: _____ City _____ State _____ Zip _____

Phones: (Home) _____ (Work) _____ (Cell) _____

E-Mail Address: _____

Type and length of relationship: _____

Reference 2: Name: _____

Street Address: _____ City _____ State _____ Zip _____

Phones: (Home) _____ (Work) _____ (Cell) _____

E-Mail Address: _____

Type and length of relationship: _____

Statement of Eligibility and Criminal Background Check

By execution of this document, I acknowledge that I have been informed that a criminal history check will be performed on my name. I understand that my ability to perform as a volunteer for Footprints is pending the results of the criminal background check.

I have not been convicted of the following crimes:

Criminal homicide:

yes ___ Date _____ State _____

An offense under Chapter 19, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Kidnapping, false imprisonment:

yes ___ Date _____ State _____

An offense under Chapter 20, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Indecency with a child:

yes ___ Date _____ State _____

An offense under Chapter 21.11, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Sexual assault:

yes ___ Date _____ State _____

An offense under Chapter 22.011, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Aggravated assault:

yes ___ Date _____ State _____

An offense under Chapter 22.02, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Injury to a child, elderly individual, or disabled individual: An offense under Chapter 22.04, Penal Code

yes ___ Date _____ State _____

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Aiding suicide:

yes ___ Date _____ State _____

An offense under Chapter 22.08, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Agreement to abduct from custody:

yes ___ Date _____ State _____

An offense under Chapter 25.031, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Sale or purchase of a child:

yes ___ Date _____ State _____

An offense under Chapter 25.08, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Arson:

yes ___ Date _____ State _____

An offense under Chapter 28.02, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Robbery:

yes ___ Date _____ State _____

An offense under Chapter 29.02, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Aggravated robbery:

yes ___ Date _____ State _____

An offense under Chapter 29.03, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

Theft:

yes ___ Date _____ State _____

An offense under Chapter 31, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

DUI:

yes _____ Date _____ State _____

An offense under Chapter 49, Penal Code

Adjudicated? _____ Verdict: Guilty _____ Not Guilty _____

I understand that all information obtained by this agency regarding criminal or misconduct history will remain confidential.

I certify that all the information given is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Documents submitted with Application:

General Policies & Procedures: _____

Conflict of Interest & Ethics Policy: _____

Volunteer Participant & Confidentiality Covenant: _____

Safe Sanctuary Policy: _____

Permission for Background Check

I hereby grant permission for Footprints Children's Grief Ministry of Round Rock, Texas to perform a background check. I understand that this permission form will be included with the Footprints Children's Grief Ministry Volunteer Application for processing and Security.

First Name: _____

Middle Name: _____

Last Name: _____

Street Address _____

E-Mail Address: _____

Phone (_____) _____

City _____ State _____ Zip Code _____

Birthdate _____ Social Security # _____

Driver's License # _____ State _____

Signature _____

Date _____