



Serving Our Community

803 Gilmer Road
Longview, TX 75604
(903) 653-1740 phone
(903) 653-1742 fax

VOLUNTEER APPLICATION

Date: _____ Date Available to Start: _____

Full Legal Name: (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Email Address: _____ Birth Date: _____

Home Phone: _____ Cell Number: _____

How did you hear about Longview Dream Center? _____

Have you ever volunteered before? _____

If yes, where and what did you do? _____

Briefly describe previous and/or present employment experience. _____

Special Interests, hobbies, and talents: _____

EMERGENCY CONTACT INFORMATION

Please list two emergency contacts:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

MEDICAL INFORMATION

Do you have any physical limitations that may limit the volunteer work you can do? _____

If yes, please explain: _____

Preferred hospital: _____

Personal Information Permission Form

This is your contact information that will be used for Staff or your fellow volunteers only to contact you to substitute a shift.

_____ I give permission to The Longview Dream Center staff members to give my contact information to other Longview Dream Center volunteers.

_____ I DO NOT give my permission to The Longview Dream Center or its staff members to give my contact information to other volunteers.

www.longviewdreamcenter.com

facebook.com/longviewdreamcenter.com

PLACES TO SERVE

Which volunteer opportunities appeal to you? Please check all that apply?				
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> ACTS Project	<input type="checkbox"/> Thrift Store	<input type="checkbox"/> Mothers on Missions	<input type="checkbox"/> Senior Box

Why do you want to volunteer your time at the Longview Dream Center? _____

Longview Dream Center’s primary operation hours are Tuesday through Friday from 9:00 a.m. to 6:00 p.m. & Saturday 9:00 a.m. to 5:00 p.m. When are you available to do volunteer work?

The following is required by Texas Law:

- | | | |
|--|-----|----|
| Have you ever been convicted of a felony? | Yes | No |
| Have you ever been convicted of a misdemeanor? | Yes | No |

If you answered yes to either of the question above, please describe: *(This will not make you ineligible to serve at the Longview Dream Center)*. _____

Printed Name: _____

Signature: _____ Date: _____

Longview Dream Center Volunteer Agreement

I agree to serve as a Longview Dream Center volunteer and commit to the following:

1. To complete all required training for the volunteer positions I accept.
2. To abide by all guidelines and procedures of The Longview Dream Center.
3. To respect the confidential nature of all records and personal contact with clients.
4. To work cooperatively with staff and other volunteers.
5. To meet time and duty commitments, or give adequate notice so that alternative arrangements can be made.

Longview Dream Center Confidentiality Form All Volunteers

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

Longview Dream Center Policy and Procedures

I have read the above and have received, read and understand The Longview Dream Center Policy and Procedures.

Printed Name _____

Signature _____ Date _____

Liability Statement

I wish to volunteer my services to The Longview Dream Center, a 501 (c) 3 organization. I hereby agree and release you as follows:

1. I willingly and freely agree to volunteer and hereby assume any and all risk, with respect to any liability of The Longview Dream Center for such risk, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a volunteer.
2. The undersigned hereby releases the Longview Dream Center and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from liability and covenants not to sue for any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation hereunder.
3. I further irrevocably grant to The Longview Dream Center, its assigns and successors my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, social media, advertising, and publicity, in connection with my volunteer participation hereunder.
4. This release shall inure to your benefit, as well as to the benefit of your successors, licensee, agents, employees, affiliates and assigns. This release shall be governed by the laws of State of Texas.

I have read and agree to the Liability Statement.

Signature: _____ Date: _____

Printed Name: _____

Criminal Background Screening Policies

Policy for Criminal Background Screening

All new or potential volunteers must complete an application packet which includes a Background Verification Release Form. In order to complete the background check, volunteers must include their driver's license and social security number. Once the criminal background has been finished, The Longview Dream Center staff will evaluate the information and a decision will be made.

Background Check Offenses

As general rule, subject to the specific nature and severity of the offense(s), the volunteer applicant may be deemed ineligible to work or provide services to The Longview Dream Center if the volunteer is identified as having committed any of the following offenses. The Longview Dream Center reserves the right to extend considerations identified based on the seriousness and time since the offense(s):

- An offense against a minor within the past ten years.
- A sexual offense within the past ten years.
- Any matter involving a felony within the past ten years.
- A drug offense that is deemed relevant to the subject's assignments within the past five years.
- An alcohol offense within the past three years
- Any other offense that is deemed relevant to the subject's assignments within the past five years.
- Any re-occurring matter involving any other type of criminal offense, especially if more than one occurrence of the same type of offense is alleged to have taken place within the previous eight years.

Although a disqualification is possible, a previous conviction does not automatically disqualify an applicant from consideration of volunteering with The Longview Dream Center. The Executive Director will consider the following factors in determining whether a candidate is eligible for volunteering with The Longview Dream Center.

- The relevance of the conviction to the duties and responsibilities of the position of which selected.
- The nature of the conviction(s)
- The age of the candidate when the illegal activity occurred
- The dates of the convictions
- The candidate's record since the date(s) of the conviction(s)

Disqualification from Volunteer Participation: The following rules shall apply if The Longview Dream Center learns (via criminal background search) that a prospective volunteer/host has been convicted of, has pled guilty to, has deferred adjudicative for, or has pled no contest to one of the following crimes under the laws of any State within the United States, or any other nation.

Automatic Disqualification:

- Homicide
- Crimes of rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related sexual offenses
- Crimes using weapons
- Arson
- Any violent crime, felony drug-related offense or trafficking in controlled substances
- Crimes involving child abuse, neglect, or residing on the same premises as a registered sex offender
- Crimes involving adult abuse, neglected or financial exploitation

All information supplied by potential volunteer is held in the strictest confidence and not divulged to any other staff member, board member or volunteer.