



## VOLUNTEER APPLICATION

**Personal Information:**

**Date:**

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

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

Email Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about our volunteer opportunities? \_\_\_\_\_

If you speak a language other than English, please list here: \_\_\_\_\_

Do you have any experience working with Mustangs or volunteering? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

What type of transportation do you use? \_\_\_\_\_

Current employer: \_\_\_\_\_

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

What is your occupation? \_\_\_\_\_

**References:** *(Please list two character references.)*

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

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

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

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



### **Volunteer Options:**

The following section describes areas where Volunteers are needed. Please check the area(s) that interest you.

- Extreme Mustang Makeovers
- Youth And Yearling
- Mustang Nation
- Mustang Mentors for Veterans
- Mustang Heritage Education/Adoption Center

### **Skills Sets:**

Please list any skills that you have, or resources available to you.

### **Availability:**

Days of the week available:  Monday  Tuesday  Wednesday  Thursday  Friday  
(Check all that apply)

Time frame available:

What kind of a time commitment are you able to make? (One time - a year, etc.)

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?



## Volunteer Background Check

**Please submit this form via fax to 512-869-3229**

Or Mail To: Mustang Heritage Foundation PO Box 979 Georgetown, TX 78627

### Event Location (if known):

#### **Types of checks that will be performed:**

National Criminal Report

National Public Sex Offender Website Report

**Driver's license #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_  
(Last) (First) (Middle)

**Maiden /Alias Names:** \_\_\_\_\_ **Social Security** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**\*Date of Birth:** / / **\*Gender:** \_\_\_\_\_ **\*Ethnicity:** \_\_\_\_\_

*\*Note: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteering.*

**Current Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*Have you ever been convicted of or plead 'guilty' or 'no contest' to a felony or misdemeanor as an adult or juvenile? Include deferred or probated adjudications as well as convictions that have been set aside.  Yes  No*

*If yes, give details including date, location and nature of the offense and disposition for each such incident.*

*Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?  Yes  No*

*If yes, give details, including date, location and type of charge.*

*Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, a person with disabilities or animal?  Yes  No*

*If yes, give details including the state and county in which each such investigation occurred.*

### Understanding and Authorization:

I hereby authorize the Mustang Heritage Foundation of Georgetown, TX and/or the company of its choice to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by the State of Texas Department of Public Safety, Department of Corrections, County Courts databases, Sexual Offender Registry, other public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering or employment.

I release Mustang Heritage Foundation and/or the company of its choice and any person or entity which provides pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of volunteering is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_