

VOLUNTEER APPLICATION

| Personal Information: | Date: | | | | | |
|-----------------------------------|----------------------------------|---------|-------------|---|--|--|
| Name:A | ddress: | | | | | |
| Home Phone: | Cell Phone: | Wor | Work Phone: | | | |
| Email Address: | Ethnicity: | DOB: | Gender: | | | |
| Emergency contact: | Relationship: | Phon | e: | _ | | |
| How did you learn about our vo | lunteer opportunities? | | | | | |
| If you speak a language other the | nan English, please list here: _ | | | _ | | |
| Do you have any experience wo | orking with Mustangs or volunt | eering? | | | | |
| If yes, when and where? | | | | | | |
| What type of transportation do y | ou use? | | | | | |
| Current employer: | | | | | | |
| Address: Phone: | | | | | | |
| What is your occupation? | | | | | | |
| References: (Please list two ch | paracter 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 & Mustang □ Veterans & Mustangs □ Mustang Heritage Education/Adoption Center |
| Skills Sets: |
| Please list any skills that you have or resources available to you. |
| |
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| |
| 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 you 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 #: | | Stat | e: | | |
| | | | | | |
| (Last) | (First) | | (Middle) | | |
| Maiden /Alias Names: | Soc | ial Security _ | <u>- </u> | | |
| Daytime Phone: | (First) (Middle) | | | | |
| *Date of Birth: / / *Gender: | | *Ethnicity: | | | |
| *Note: The above information is required for ide | entification purpo | ses only, and | is in no manner used as | | |
| qualifications for volunteering. | | | | | |
| Current Address: | A | pt # | | | |
| City: | State: | | _Zip: | | |
| Current Address: City: Previous Address: City: Have you ever been convicted of or plead 'guilty' or 'no contes | Apt # | | | | |
| City: | State: | | _Zip: | | |
| probated adjudications as well as convictions that have been set If yes, give details including date, location and nature of the off Are you currently charged with (indictment or official criminal No If yes, give details, including date, location and type of charge. Have you been or are you currently being investigated for alleg with disabilities or animal? Yes No If yes, give details including the state and county in which each | Tense and disposition for complaints by county gedly abusing, neglecti | or each such incide or district court) a ing, or exploiting a | felony or misdemeanor? Yes | | |
| Understanding and Authorization: I hereby authorize the Mustang Heritage Foundation of Gindependent investigation of my background, references, including those maintained by the State of Texas Department databases, Sexual Offender Registry, other public and printer information contained on my application and/or obtain volunteering or employment. I release Mustang Heritage Foundation and/or the compating authorization, from any and all liabilities, claims or law above referenced sources. I understand that any offer of volunteering is contingent of form will be kept in my permanent file if I volunteer. I certifinformation contained herein is true and correct to the best | character, past emp nent of Public Safety ivate organizations a ning other information any of its choice and vsuits in regard to the n a satisfactory back fy that the following i | loyment, education, Department of (and all public recons which may be many person or entering information obtained. | on, criminal or police records, Corrections, County Courts rds for the purpose of confirming naterial to my qualifications for tity which provides pursuant to ained from any and all of the tion. I also understand that this | | |
| Ciamanta and | | D 4 | | | |