Centro Esperanza Community Center 2045 Spruce Street San Marcos, Texas 78666 (512) 353-0356 [centroesperanza2050a@yahoo.com](mailto:centroesperanza2050a@yahoo.com) **Contact: Sulema Arrecis**

**Volunteer Information**

Please complete this application form if you are interested in becoming a Community Resource Center volunteer. Once you complete the form, click the Continue button at the bottom.

Are you a client of Centro Esperanza? □ Yes □ No

|  |  |
| --- | --- |
| Please Print - Last & First Name | |
| Address: | Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_\_ -\_\_\_\_\_\_\_\_  Evening Phone: (\_\_\_\_\_) \_\_\_\_\_\_ -\_\_\_\_\_\_\_\_ |
| City, State, Zip: | Email: |

*Thank you for answering the following questions – your answers will help us to serve you better.*

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_ -\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_

**Demographic Information**

Date of Birth (year is optional)

Month: \_\_\_\_\_\_ Day:\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

**Why do you want to volunteer with Centro Esperanza Community Center?**

Why do you want to volunteer?

[ ] Court Mandated [ ] Group Opportunities [ ] Internship [ ] Personal Interest [ ] School Mandated

[ ] Not Listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specify)

Criminal offense conviction? [ ] No [ ] Yes

If you need hours for court, please briefly describe your conviction and date of conviction, the hours needed and the deadline to complete your hours. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Volunteer Interests

[ ] Food Distribution [ ] Clothing Distribution [ ] Senior Events/Programs [ ] Youth Events/Programs

[ ] Health & Wellness Events/Programs [ ] Special Events [ ] Not Listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specify)

How did you hear about Centro Esperanza Community Center?

[ ] At an event/program [ ] From a volunteer [ ] Website [ ] Online [ ] Advertisement [ ] Court

[ ] School [ ] Not Listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specify)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Volunteer Name – First, MI, Last), understand and agree that submitting this application form does not automatically register me as a Centro Esperanza Community Center volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering and by submitting this form, I attest that the information I have provided on the form is true and accurate.

**I Top of Form**

**ADULT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY**

In consideration of my voluntary participation with Centro Esperanza Community Center, I hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Centro Esperanza Community Center, its directors, officers, employees and volunteers from any loss, liability, and damage due to my voluntary participation with Centro Esperanza Community Center. I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state of Texas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read and voluntarily sign the release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

**PHOTO/VIDEO RELEASE**

I (we) give permission to Centro Esperanza Community Center to use photographs, and/or video, and/or audio of myself and/or my (our) child obtained while participation as a volunteer with the Agency. I(we) release the Agency from any and all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, tapes and reproductions, as well as waive my (our) right to inspect or approve the finished photographs and/or tapes.

**PARENTAL PERMISSION for youth under age 18**

In consideration of the opportunity afforded my (our) child to participate on a voluntary basis with Centro Esperanza Community Center (Agency), I (we) give my (our) permission for to participate in Agency programs, projects, and special projects. I (we), on behalf of my (our) child and myself (ourselves), waive any right, claim, claim of responsibility or liability, or cause of action arising as a result of my (our) child’s participation as a volunteer with the Agency from which any liability may or could accrue against the Agency or its officers, directors, employees, or representatives, collectively or individually. Without limiting the generality of the above, I (we), on behalf of my (our) child and myself (ourselves), agree that this waiver shall include any rights, claims, claims of responsibility or liability or causes of action resulting from personal injury to my (our) child or damage to my (our) child’s property sustained in connection with his/her activities with the Agency; and agree to indemnify the Agency and its officers, directors, employees, or representatives, collectively or individually, from any such claims.

\*\*\*If you are under 18, checking "I agree" means your parent or guardian agrees to the above.

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

Centro Esperanza Community Center recognizes as our highest priority, the privacy, confidentiality, and security of our clients. In the course of conducting business, volunteering, or other matters, I agree that I will not violate the confidentiality, privacy, or security of any residents or clients of Centro Esperanza Community Center, as well as any client callers, through discussion of them, their names, descriptions, or personal circumstances.

I will not discuss any information offered to me by a client with anyone other than applicable Centro Esperanza Community Center staff.

I understand that any violation of this agreement could result in disciplinary action, termination, and referral to the appropriate legal authority.

I Agree \*

Bottom of Form

Please Sign –

Volunteer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*THANK YOU!*