



VOLUNTEER APPLICATION

Thank you for wanting to make a difference! Please answer the following questions and return the completed application to MADD, 15355 W. Vantage Pkwy., Suite 220, Houston, TX 77032 phone 1-800-261-6233, 281-590-2222 • fax 281-987-2274

Last name:		First name:	
Address:			
City:	State:	County:	Zip:
Home phone:	Cell phone:	Email:	
Emergency contact:	Relationship:	Phone:	
Occupation:	Employer:		
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work phone:	Best time to call:	
Internships and school credit. If you are volunteering for school credits or an internship program, please provide the following information:			
School:	City:	State:	Zip:
Instructor:	Contact person:	Phone:	
Placement description:		Internship hours required:	
List special skills, training and hobbies:			
Community affiliations:			
Previous volunteer experience:			
Can you make a commitment for at least 1 year to Friends InDeed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
When are you able to volunteer? <input type="checkbox"/> Weekly <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Monthly			
How many hours do you anticipate being able to volunteer? _____ hours per <input type="checkbox"/> Week <input type="checkbox"/> Month			
What days can you volunteer?			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Do you have your own transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have valid auto insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, policy with _____			Policy #: _____		
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, license # _____			State of issue: _____	Expiration date: _____	
Are you currently charged with a DWI or equivalent offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you ever been convicted of a DWI offense or other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a victim/survivor of a drunk driving crash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Why do you want to volunteer to be a Friend InDeed?					
Describe any training or past experiences working with children, and/or adults:					
What qualities do you feel you have that would enable you to help another person build upon their living skills and self-confidence?					

Please note: Additional information may be required. Volunteers working with youth and victims must have a background check on file. When this is necessary, Friends InDeed will provide the volunteer with a *Criminal Background Check* authorization form.

REFERENCES

Please list 3 professional and/or personal (no relatives please) references you have known for at least two years. References remain confidential.

1. Name:		Relationship:	
Address:	City:	State:	Zip:
Day phone:	Email:		
2. Name:		Relationship:	
Address:	City:	State:	Zip:
Day phone:	Email:		
3. Name:		Relationship:	
Address:	City:	State:	Zip:
Day phone:	Email:		

Please return completed application to the address or fax number on the front of this form. Thank you for wanting to make a difference!



For internal use only. Reference responses and comments:

Please date and initial all entries.