

BROOKWOOD

FIRST TIME OR *RETURNING VOLUNTEER APPLICATION FORM

Date:

Name: First	Middle	Last	Home Phone
Address			Work Phone
City, State, Zip			Cell Phone
Email Address			Social Security # XXX XX ____

***Returning Volunteer** – An individual who has previously volunteered at Brookwood over a year ago or more.

Please list your two volunteer selections:

First Choice: _____

Second Choice: _____

If you **do not** wish your name, address, email or telephone # to be included in our Volunteer Directory, please check here: _____

BACKGROUND INQUIRY AGREEMENT

Due to the nature of the disabilities of the citizens of the Brookwood Community, it is our policy to provide a safe and secure environment. For this reason we ask that you complete the information below. By signing this statement, you agree to the investigation of any and all statements included in this form and declare that they are true and complete. Further, you understand background investigations may be conducted and that any misrepresentation, falsification or willful omission of information contained on this form shall be sufficient reason for refusal of your volunteer services.

Signature _____

Driver's License # _____ Date of Birth _____

Employer _____ Job Title _____

Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes

No

If yes, please explain: _____

Please email or fax your completed application form to receptionist@brookwoodcommunity.org or FAX # 281-375-2160

THANK YOU FOR VOLUNTEERING!
The Brookwood Community, 1752 FM 1489, Brookshire, Texas 77423
281-375-2100