



## Texas Burn Survivors Society, Inc.

### Volunteer Application

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENCE NUMBER: \_\_\_\_\_

CURRENT PLACE OF EMPLOYMENT: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ May we contact you at work? Y\_\_\_\_ N\_\_\_\_

**If you are volunteering to assist us at our Pediatric Burn Camp, please provide the following information:**

**Date of Arrival:** \_\_\_\_\_ **Time of Arrival:** \_\_\_\_\_

**If you will not be able to attend for the entire length of the camp, how many days will you attend?** \_\_\_\_\_

**Do you speak Spanish?** \_\_\_\_\_

**EDUCATION AND WORK EXPERIENCE**

Do you hold a college degree(s)? If so what? \_\_\_\_\_

What is your military rank (if applicable)? Please indicate active duty or retired:

\_\_\_\_\_

Please list any camp experiences and any current or previous life, work, or volunteer experience which you feel is relevant to working with burn survivors.

Personal Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Organization \_\_\_\_\_

Years served \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Organization \_\_\_\_\_

Years served \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**PROFESSIONAL LICENSES HELD**

License: \_\_\_\_\_ Expires: \_\_\_\_\_

State where license is held: \_\_\_\_\_

License: \_\_\_\_\_ Expires: \_\_\_\_\_

State where license is held: \_\_\_\_\_

**PERSONAL REFERENCES**

Please give **three** references, other than spouse or family, who are qualified to speak of your relevant experience and service.

Name                                      Address                                      City/Zip                                      Phone      Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever been convicted of any offense against the law? (You may omit minor traffic violations.) YES \_\_\_ NO \_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing or molesting any children? YES \_\_\_ NO \_\_\_ If yes, please explain in detail, providing date and place of incident:

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I authorize Texas Burn Survivors Society, Inc. to verify all data given in my application and my oral interview from the personal references listed in this application. I have carefully read and do understand the above statements.

**I HAVE READ AND UNDERSTAND THE STATEMENT ABOVE AND AGREE TO COMPLY WITH THE STATED REQUIREMENTS AND EXPECTATIONS.**

\_\_\_\_\_  
Signature of Applicant and Date

Please print your name: \_\_\_\_\_

**Please return to :** Texas Burn Survivors Society, Inc.  
8546 Broadway Suite 210  
San Antonio, TX 78217  
(210) 824-8499  
(FAX) (210) 824-8487