



VOLUNTEER FORM

D.O.R.S. Youth Transition Center A Program Of ETCADA

PERSONAL INFORMATION:

Last name: _____ First: _____

Middle: _____

Address: _____ City: _____

Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

EXPERIENCE / EDUCATION:

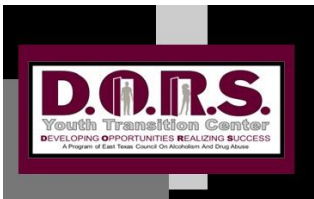
Describe the relevant skills, knowledge or training you wish to utilize with D.O.R.S. Youth Transition Center:

List organizations for whom you have volunteered:

Is there a specific project/s on our website of particular interest to you? _____ If yes, please list: _____

Visit us at:
1125 Judson Road Suite #153
Longview, TX

Contact us at:
903.803.0100



(Volunteer Form – Pg 2)

AVAILABILITY:

How often do you wish to volunteer?

Daily_____ Weekly_____ Monthly_____ One-time Event _____

If you have a disability, what accommodations would you need to volunteer?

BACKGROUND / HISTORY:

The following information is provided to D.O.R.S. Youth Transition Center for the purpose of investigation of background and criminal history.

Please list any other names used including married, maiden, etc.

We will conduct an extensive US wide Criminal Background check on all volunteers as well as DMV driving record and employment and or volunteer reference checks. Once we receive your initial application we will review it and send you the necessary forms for a background check and drug screen with consent forms and a more extensive application.

Driver's License State and Number: _____

Date of Birth: Month____ Day____ Year ____

REFERENCES:

Name: _____ Daytime phone: _____

Name: _____ Daytime phone: _____

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*I hereby attest that the information I have entered on the D.O.R.S. Youth Transition Center Volunteer Form is true to the best of my knowledge. If completing online, PLACE A FORWARD SLASH BEFORE AND AFTER YOUR NAME.*

*Date: \_\_\_\_\_*

*Signature: \_\_\_\_\_*

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