Bexar County Family Justice Center Foundation
Volunteer/Internship Application

TODAY'S DATE: _____

PERSONAL DATA:

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DRIVER'S LICENSE #: _____

PHONE: _____

EMPLOYER: _____

ARE YOU PERFORMING COMMUNITY SERVICE AS A RESULT OF A COURT ORDER OR A STIPULATION OF PROBATION OR PAROLE? YES NO

HOW LONG WILL YOU BE VOLUNTEERING? _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER? _____

IN WHAT AREAS ARE YOU INTERESTED IN VOLUNTEERING? _____

_____

EDUCATION AND EXPERIENCE: _____

_____

LIST TWO PEOPLE WHO KNOW YOU PERSONALLY AND WHO YOU ARE NOT RELATED TO. PLEASE GIVE DAYTIME PHONE NUMBERS FOR EACH.

1) _____

2) _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or handicap.