

**AUTHORIZED VOLUNTEER APPLICATION
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT**

Please complete all sections. Type or print clearly in ink.

SOCIAL SECURITY #	DRIVER'S LICENSE#	NAME (LAST (FIRST) (M)			DATE OF BIRTH		
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	HOME PHONE ()	BUSINESS PHONE ()		
VOLUNTEER LOCATION							
<input type="checkbox"/> R.L. Thornton, Jr. (Downtown)		<input type="checkbox"/> District Service Center (Mesquite)		<input type="checkbox"/> Bill J. Priest Institute for Economic Dev.			
<input type="checkbox"/> Brookhaven College (Framers Branch)		<input type="checkbox"/> Cedar Valley (Lancaster)		<input type="checkbox"/> Eastfield College (PGC)			
<input type="checkbox"/> El Centro College (Downtown Dallas)		<input type="checkbox"/> Mountain View College (Southwest Dallas)		<input type="checkbox"/> North Lake College (Irving)			
<input type="checkbox"/> Richland College (Northeast Dallas)		<input type="checkbox"/> R. Jan LeCroy Center for Educational Telecommunications (Northeast Dallas)		<input type="checkbox"/> University Center of Dallas (Downtown)			
EASTFIELD COLLEGE PLEASANT GROVE PROGRAM OF CHOICE							
<input type="checkbox"/> English Group Tutoring		<input type="checkbox"/> Math Group Tutoring		<input type="checkbox"/> GED Group Tutoring			
<input type="checkbox"/> 1 hour per week		<input type="checkbox"/> 2 hours per week		<input type="checkbox"/> 3 hours per week			
				<input type="checkbox"/> 4 hours per week			
RECORD OF EDUCATION							
	SCHOOL	LOCATION		GRADUATED		COMPLETED DIPLOMA, DEGREE OR CERTIFICATE	MAJOR/MINOR
		CITY	STATE	YES	NO		
HIGH SCHOOL/GED							
COLLEGE OR UNIVERSITY							
GRADUATE SCHOOL							
OTHER							
VALID PROFESSIONAL CERTIFICATION OR OTHER EXPERIENCE (PLEASE LIST)							
CURRENT EMPLOYMENT OR POSITION HELD AT RETIREMENT							
NAME OF COMPANY							
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)			
TELEPHONE							
MAY WE CONTACT YOUR CURRENT OR LAST EMPLOYER AS A REFERENCE?							
LENTGH OF EMPLOYMENT (YEARS)							

HAVE YOU EVER BEEN CONVICTED FOR A VIOLATION OR ANY LAW OTHER THAN MINOR VIOLATIONS? YES NO
 IF YES, GIVE YEAR, LOCATION, AND NATURE OR VIOLATION AND DISPOSITION.

REFERENCES				
YOU MUST LIST AT LEAST THREE (3) REFERNCES WITH COMPLETE NAME, ADDRESS AND TELEPHONE NUMBERS				
NAME	(LAST)	(FIRST)		
ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
TELEPHONE				

NAME	(LAST)	(FIRST)		
ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
TELEPHONE				

NAME	(LAST)	(FIRST)		
ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
TELEPHONE				

Estimate of hours and time frame applicant intends to volunteer: _____

Effective August 1, 2000, the DCCCD will conduct a criminal history background check of its employees, applicants for employment, authorized volunteers, and student assistants if the employment or relationship with the District involves regular contact with minors (a minor is a person under 18 years or age).

WAIVER OF LIABILITY/VOLUNTEER CONSENT
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

I hereby represent that I will obey and uphold all the rules and requirements established by the DCCCD, observe all program schedules and follow all directives given to me by supervisory personnel in all matters pertaining to such volunteer events. I grant to the DCCCD the right to terminate my participation in the volunteer events for any reason whatsoever, except an illegal reason.

I understand and acknowledge that a very important rule of volunteering is that illegal use or possession of alcohol or drugs as defined by the law during such volunteer events is strictly forbidden. The legal use of alcohol during volunteer activities also is prohibited. Possession or firearms during volunteer events is strictly forbidden.

SIGNATURE OF APPLICANT	DATE
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_____ accepts the applicant as an authorized volunteer.	DATE
OFFICAL/COLLEGE	