



Name: _____
 (Last, First, MI)
Address: _____
City: _____ **TX Zip:** _____
Email: _____ **Cell:** _____

VOLUNTEER APPLICATION & BACKGROUND QUESTIONNAIRE

The answers to the following questions will be very important for CrossWalk Center staff to assess and assist with placing you in a volunteer role where you will be successful and be a blessing. All questions should be considered carefully and honest answers provided.

Please neatly print responses to all questions if applicable. Sign and date upon completion.

PERSONAL INFORMATION

TEXAS DRIVERS LICENSE: _____ SS NO.: _____ DOB: _____

WORK PHONE: _____ O.K. to call? Yes No Male Female

CURRENT EMPLOYER: _____ TITLE: _____

GIFT, TALENT, OR EXPERTISE YOU'D LIKE TO OFFER: _____

WHICH of the following is your primary language?

English Spanish Vietnamese Chinese Tagalog Other: _____

WHAT foreign language(s) do you speak?

English Spanish Vietnamese Chinese Tagalog Other: _____

VOLUNTEER INTEREST

Please Use This Section to Indicate Program or Service Areas of Interest.

INSIDE THE CROSSWALK CENTER FACILITY:

Administrative Reception Greeter Coffee House Clothing Shop Hospitality/Meals

WITH CROSSWALK CENTER CLIENTS: *Please select location:* Inside the Prisons/Jails At CrossWalk Center

Male Clients Female Clients

Coach Mentor Counselor Teacher Group Facilitator

IN SUPPORT OF THE CROSSWALK CENTER:

Fundraising Outreach Events Web/Social Media Resource Hotline Facility/Grounds

VOLUNTEER SERVICE PREFERRED DAYS AND TIMES

Hours of CrossWalk Center Administration: 9 a.m. to 6 p.m. Monday through Friday

PLEASE INDICATE BEST DAYS AND TIMES FOR YOU:

Monday Tuesday Wednesday Thursday Friday Saturday
 9 a.m.–1 p.m. 9 a.m.–1 p.m. 9 a.m.–1 p.m. 9 a.m.–1 p.m. 9 a.m.–1 p.m. 9 a.m.–1 p.m.
 1 p.m.–6 p.m. 1 p.m.–6 p.m. 1 p.m.–6 p.m. 1 p.m.–6 p.m. 1 p.m.–6 p.m. 1 p.m.–6 p.m.

CrossWalk Center, Houston's Hopeful Reentry Hub

2103 N. Main St., Houston, TX 77009

713-237-0880 www.crosswalkcenter.org

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REFERENCES

HOME CHURCH: _____ LENGTH OF ATTENDANCE: _____

PASTOR'S NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ TX ZIP: _____

Please list two other personal references.

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ TX ZIP: _____

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ TX ZIP: _____

BIOGRAPHICAL INFORMATION

TELL US WHY YOU'D LIKE TO VOLUNTEER OR GIVE US YOUR PERSONAL SALVATION EXPERIENCE/TESTIMONY.

CONFIDENTIAL

NOTE: For the security and safety of volunteers, clients and staff, in some instances criminal histories maybe reviewed and may require fingerprinting. If volunteer applicants have previous felony convictions, they are not necessarily excluded from volunteering. All applications will be reviewed and receive a reply.

Applicant Signature: _____ Date: ____/____/____

Print Name: _____ Mo. Day Year

FOR OFFICE USE ONLY:

Reviewed by – Initials: _____ Date: ____/____/____ Approved by – Initials: _____ Date: ____/____/____
Mo. Day Year Mo. Day Year

VOLUNTEER ID NO.: _____

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