

# AUTHORIZED VOLUNTEER APPLICATION DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

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

SOCIAL SECURITY #	DRIVERS LISCENSE # STATE	NAME (LAST)	( FIRST)	(M)	Date of Birth
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	HOME PHONE ( )	BUSINESS PHONE ( )

VOLUNTEER LOCATION		
R.L. Thorton, Jr. (Downtown Dallas)	District Service Center (Mesquite)	Bill J. Priest Institute for Economic Dev.
Brookhaven College (Farmers Branch)	Cedar Valley College (Lancaster)	Eastfield College (Mesquite)
El Centro College (Downtown Dallas)	Mountain View College (Southwest Dallas)	North Lake College (Irving)
Richland College (Northeast Dallas)	R. Jan LeCroy Center for Educational Telecommunications (Northeast Dallas)	Universities Center of Dallas (Downtown)

RECORD OF EDUCATION							
	SCHOOL	LOCATION		Graduated		Completed Diploma, Degree or Certification	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?	YES NO
LENGTH OF EMPLOYMENT (YEARS) _____	

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

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<b>REFERENCES</b> YOU MUST LIST AT LEAST THREE (3) REFERENCES WITH COMPLETE NAME, ADDRESS AND TELEPHONE NUMBERS
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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 for:** \_\_\_\_\_

**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 of age).**

<p><b>WAIVER OF LIABILITY/VOLUNTEER CONSENT</b> <b>DALLAS COUNTY COMMUNITY COLLEGE DISTRICT</b></p> <p>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.</p> <p>I understand and acknowledge that a very important rule of volunteering is that the 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 of firearms during volunteer events is strictly forbidden.</p>
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SIGNATURE OF APPLICANT	DATE
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_____ accepts the applicant as an authorized volunteer.	DATE
OFFICIAL/COLLEGE	