

# VOLUNTEER APPLICATION



Please print and provide as much information as possible.  
Note volunteers must be at least 18 years of age.

Completed applications may be sent by mail to:

ASIA SOCIETY TEXAS CENTER • 1370 Southmore Boulevard • Houston, Texas 77004

Texas Center

## CONTACT INFORMATION

MR/MS/MRS/MISS/DR \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_

BIRTHDAY (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_\_ AGE GROUP:  18 - 30  31 - 45  46 - 59  60+

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

DAYTIME TELEPHONE \_\_\_\_\_  HOME  OFFICE  CELL

EVENING TELEPHONE \_\_\_\_\_  HOME  OFFICE  CELL

What is the best time to contact you? \_\_\_\_\_

## BACKGROUND

OCCUPATION \_\_\_\_\_

EMPLOYER (if currently employed) \_\_\_\_\_

CURRENT EMPLOYMENT STATUS:  Part Time  Full Time  Retired  Unemployed

What is your educational background? \_\_\_\_\_

\_\_\_\_\_

List any previous volunteer experience (include organization and length of service)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

This includes deferred adjudication, community supervision, and offenses that may not appear on record at this time, but excludes minor traffic violations.

List any medical/health issues that we should be aware of (i.e., allergies, limitations, etc.)

\_\_\_\_\_

## SPECIAL SKILLS

List any foreign languages (including sign language) spoken \_\_\_\_\_

\_\_\_\_\_

List any special interests, skills, or hobbies you would like to share with us \_\_\_\_\_

\_\_\_\_\_

To what degree are you computer literate? \_\_\_\_\_

## REASONS FOR SERVICE

What do you hope to gain by volunteering at Asia Society Texas Center? \_\_\_\_\_

Where did you learn about the Asia Society Volunteer Program? \_\_\_\_\_

Are you currently a member of Asia Society Texas Center?  Yes  No

Have you ever interned, volunteered, or worked with Asia Society Texas Center before?  Yes  No

If so, in what capacity? \_\_\_\_\_

## AVAILABILITY

Please indicate only the days and times that you are available and wish to volunteer regularly.

	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you commit to volunteering at least one day a week for one year?  Yes  No

## ASSIGNMENT PREFERENCES

Please indicate which volunteer assignments most interest you.

- |   |   |
|---|---|
| <input type="checkbox"/> Architecture Tour Docent   | <input type="checkbox"/> Business & Cultural Programs Volunteer |
| <input type="checkbox"/> Art Gallery Docent         | <input type="checkbox"/> Performing Arts Theatre Volunteer      |
| <input type="checkbox"/> Information Desk Volunteer | <input type="checkbox"/> Administration Volunteer               |
| <input type="checkbox"/> Outreach Volunteer         | <input type="checkbox"/> Special Event Volunteer                |
| <input type="checkbox"/> Family Days Volunteer      |   |

## REFERENCES

Please provide the names and contact information of two references (non-relatives) that we may contact.

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

## AUTHORIZATION AGREEMENT

Please read carefully.

I hereby affirm that the information provided by me on this volunteer application is complete, true, and accurate, and I understand that any falsification or omission will be immediate grounds for dismissal from the volunteer program. I authorize a thorough investigation to be made concerning my character, general reputation, employment and education background, and criminal record, which ever may be applicable. I understand what this background check may include, and I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Privacy Statement:** All personal data collected through this application will be utilized for Asia Society Texas Center Volunteer Program purposes only. Applications will be kept on file for the period of one (1) year and will be judged based on applicant's qualifications and availability with regards to the Center's current volunteer openings and scheduling needs. Applicants not hearing from us within two (2) months may consider their application unsuccessful.