

First Step, Inc.
624 Indiana Ave. Suite 304
Wichita Falls, Texas 76301
Telephone: (940) 723-7799 Fax: (940) 723-1132

Volunteer/Intern Application

The well-being of the client is first and foremost to the staff at First Step. For this reason, we recommend that current or recent clients of First Step wait one year after receiving services to allow for healing time before volunteering. Thank you for your understanding and patience in this matter.

Every volunteer must complete this application and release forms prior to being placed as a volunteer at First Step. All of the information on this form will be treated in a confidential manner and will be used solely to determine placement at First Step.

Date: _____ Email Address: _____

Last Name: _____ First: _____

Street Address: _____

City & State: _____ Zip Code: _____

Preferred Pronouns _____

Home Phone: _____ Work Phone: _____ Cell: _____

Present Employer: _____ Position: _____

What days and hours do you currently work? _____

Educational Background

High School _____ GED _____ College (yrs.) _____ Grad. School (yrs.) _____

Major _____ Degree(s) _____

Are you presently attending school? Yes _____ No _____

If yes where? _____

Are you bilingual? _____

Volunteer Screening Survey

Why do you want to become a volunteer at First Step?

What do you feel you will bring to this program?

Strengths: _____

What volunteer, vocational activities or organizations have you been involved in within the last year?

What kind(s) of volunteer jobs are you interested in at this time?

Please list when you are available to volunteer?

Mon. Hrs. _____ **Tues.** Hrs. _____ **Wed.** Hrs. _____

Thurs. Hrs. _____ **Fri.** Hrs. _____ **Sat.** Hrs. _____

Sun. Hrs. _____

How did you learn about First Step? Friend _____ Radio _____ Newspaper _____ Internet _____

Television _____ Speaker _____ Other _____ If other, please explain _____

References: List three persons (other than relatives or immediate job supervisor) who are familiar with your qualifications and character. Use people you have known well-for at least one year-and have had relatively recent contact with. These individuals will be contacted in writing or by phone by First Step.

1) Full Name: _____

Street, City & Zip Code: _____

Daytime Phone: _____ Relationship to you: _____

How long have you known each other? _____

2) Full Name: _____

Street, City & Zip Code: _____

Daytime Phone: _____ Relationship to you: _____

How long have you known each other? _____

Have you been a prior client of First Step, Inc.? Yes No

If yes, what was your date(s) of assistance? _____

I have completed this application to become a First Step volunteer. Each question is answered truthfully to the best of my knowledge. I understand that each volunteer applicant is required to complete all steps of the volunteer application process prior to placement. I understand that First Step is not obligated to place me as a volunteer and if placed, I will follow the procedures for volunteers as adopted and approved by the board of directors of First Step. If, at any time, I am unable to fulfill my obligation as a First Step volunteer, I agree to notify the organization immediately. I understand that my references will be contacted in writing or by phone and that my application cannot be processed until all references and background checks have been completed.

Signature of Applicant: _____ Date: _____

Revised 10/3/2022

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Authorization to Investigate Background

I understand that it will be necessary for First Step to investigate my background and to check my character references. I hereby give my consent for the information exchange and authorize any agency having such information pertaining to me or my background to release any and all information requested by First Step. This authorization constitutes my advance written permission for release of such information sought by First Step from any agency or person, regardless of any previously executed documents limiting the release of such information.

The following information is requested for the criminal history check that First Step runs on each employee, volunteer applicant, or intern as part of the volunteer screening process.

Date of birth: ____/____/____

Please Print

Last Name: _____ First: _____

Middle: _____ Maiden: _____

Please list any other names you have used. _____

Have you lived in Texas for the last three years? ____ Yes ____ No

If no, what state(s) have you lived in within the last three years?

Circle Race: Black Hispanic Caucasian Asian Native American Other

Have you been convicted within the previous (10) years of any crime?

Yes ____ No ____

If yes, please explain: _____

Signed: _____ Date: _____

In the event that you need to provide transportation to others as a volunteer for First Step, is your automobile insured for the legally required minimum? ____ No ____ Yes

Insurance Company: _____ Exp. Date: _____

Thank you for your willingness to complete the Volunteer Application in order to become one of the many volunteers who are working to end domestic violence and sexual assault.

Your application will be processed immediately.

If you have any questions, please call the

Program Director

(940) 723-7799