



2010 N. Navarro, Suite A  
Victoria, TX 77901  
Office 361.575.7842  
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[www.midcoastfamily.org](http://www.midcoastfamily.org)

## VOLUNTEER APPLICATION

### SECTION 1 — Contact Information

1. Full Name \_\_\_\_\_
2. Preferred Name (if different) \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Home Address \_\_\_\_\_

### SECTION 2 — About You

6. Are you 16 years of age or older? \_\_\_\_\_ Yes or \_\_\_\_\_ No
7. Date of Birth \_\_\_\_\_
8. Emergency Contact Name/Relation \_\_\_\_\_
9. Emergency Contact Phone Number \_\_\_\_\_

### SECTION 3 — Skills & Availability

#### Checkboxes (choose all that apply):

#### 10. Areas of Interest

Shelter support (organizing supplies, meal prep, kitchen duties, childcare)

Day shelter/Resource Hub (interacting with and assisting guests)

Special events & fundraising

Groundskeeping / maintenance

Thrift Store (sorting donations, organizing displays)

*Our mission is to empower children, adults, and families to live life free from family violence, homelessness, sexual assault, and substance abuse.*

Other (please describe) \_\_\_\_\_

11. Please describe any relevant experience, skills, or training. \_\_\_\_\_

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12. How often are you available to volunteer?

Weekly  A few times per month

Occasionally / as needed  Only for special events

13. Typical days/times you are available (ex: Tue afternoons, weekends, etc.)

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#### **SECTION 4 — Background Screening**

14. Are you willing to complete a background check?  Yes  No

15. Do you have any criminal history that may limit your volunteer placement? (A yes answer does not prevent you from volunteering)  Yes  No

16. Are you willing to complete a drug screen? (Required if direct client interaction may occur)  
 Yes  No

17. Do you have community service hours to complete? (If yes, please explain)  Yes or  No

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#### **SECTION 5 — Agreements – Please initial each statement to verify agreement**

18. I understand that all client information is confidential.

I agree

19. I understand that volunteers must participate in orientation, follow staff direction, and adhere to all safety practices.

I agree

*Our mission is to empower children, adults, and families to live life free from family violence, homelessness, sexual assault, and substance abuse.*

20. I certify that the information I provided in this application is true.

I agree

## **SECTION 6 — Signature**

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Applicant Signature/Date

**Please return this application to our office located**

2010 N Navarro Suite A  
Victoria, TX 77901

**You may also email to**  
[info@midcoastfamily.org](mailto:info@midcoastfamily.org)

**Questions? Call our office at**  
361.575-7842

*Thank you for your interest in Mid-Coast Family Services.  
Your willingness to volunteer directly strengthens our ability to support  
individuals and families in need.*

*Our mission is to empower children, adults, and families to live life free from  
family violence, homelessness, sexual assault, and substance abuse.*