



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.***