

Volunteer Application

Email: Careers@metrocareservices.org

(Students, Volunteers, Practicum, Fellows, Interns)



We appreciate your interest in Metrocare Services. We are one of the largest non-profit organizations in North Texas and serve over 36,000 individuals annually. Your interest in our organization is welcomed. In order to process your application and comply with regulatory requirements, you must complete this entire application. Other requirements may be necessary depending on the assignment you are requesting. Unfortunately not all applicants can be placed within our Center but we make every effort to match each applicant's skills with organizational needs.

Full Legal Name:
Previous Names Used 1:
Street Address:
State:
Contact Telephone #:
Emergency Contact:
Referral By:
Personal Reference 1:
Personal Reference 2:

Application Date:
Previous Name Used 2:
City:
Zip Code:
2nd Contact Tele. #:
Emergency Contact #:
Referral Type:
Personal Reference 1 Tele #:
Personal Reference 2 Tele #:

Select One

Please briefly state why you are seeking a volunteer placement with our Center. Note any community service requirements:

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List your relevant experience below. This will assist us in attempting to make a placement within the Center:

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Please select the program (or work) type you are interested in performing volunteer work:

Choice One:	Select One	Choice Two:	Select One
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Please designate the highest level of education completed:

Education Choice:	Select One	Licensure Choice:	Select One
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Have you ever been convicted of, or been placed on community supervision for, a Class A Misdemeanor or Felony:

Yes No

If yes, please explain. Some convictions and court ordered community supervision may disqualify an applicant from being placed within the Center:

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Please select the number of days and hours per week you are available to perform volunteer work:

Day Choice:	Select One	Time/Hours Choice:	Select One
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How many **total** hours would you like to volunteer (student, practicum, etc.)?

Select One

Metrocare Services is required by law to run routine background checks on all final applicants for employment, contracts, internships and volunteer positions. By signing below, I certify that the information given by me in this application for placement with Metrocare Services is true, correct, and complete. If selected for employment, contract or placement, I acknowledge the following:

- **Client Abuse/Neglect Affidavit:**
 - I certify that I have not received a confirmation by the Department of Family & Protective Services nor any other investigator with respect to any allegation of abuse, neglect, or exploitation naming me as a perpetrator. Should I be notified of an allegation or finding, I will notify Metrocare Human Resources and Quality Management departments within 24 business hours.
- **Background Investigations:**
 - I hereby authorize Metrocare Services to investigate my past and current employment, education, criminal history, including but not limited to clearinghouse databases to include TDHS Employee Misconduct Registry, the TDHS Nurse Aide Registry, and the Department of Public Safety. If I am denied employment or placement, either wholly or partly, because of the information contained in a background report, a disclosure will be made to me of the information that affected the adverse placement or employment decision. Staff, volunteers and contractors must report convictions and pending criminal charges that are listed as bars to employment in the Texas Administrative Code to Human Resources in writing within 30 calendar days of arrest or within 10 calendar days of a court-ordered summons to appear, whichever is earliest.
 - If I have lived outside the state of Texas within the last twenty-four months, I may be subject to an FBI background investigation that includes the submission of fingerprints.
 - I further understand that mandatory training is required by the Texas Administrative Code and that it is my responsibility to complete this training and keep all training and relevant licensures current. If not, I will be disallowed from providing service to the Center.

I hereby authorize former employers and other persons with knowledge of my background, education or experience to release any and all information to Metrocare Services or its designee. I understand any information collected during such investigation will be confidential and I will not be given access to the information.

I certify that the statements in this application are true and complete. I understand any false statement may be sufficient ground for my application to be rejected or for discharge if I am employed by Metrocare Services. I further understand that by typing my full legal name below I give Metrocare authorization to complete a background investigation on me. I will be required to sign this form within 3 business days if I am placed in the Center.

This form must be submitted on all individuals named as a party to a contract with Metrocare or the proprietor (or official) of any business providing service on behalf of Metrocare Services.

Type Full Legal Name:

Last 4 SS:

Date of Birth:

Signature: _____ **Date:** _____