



KPM Institute

4100 Red River • Austin, Texas 78751

KPM Institute Volunteer Recruitment Application

The KPM Institute is an Equal Opportunity Employer and does not discriminate with regard to race, religion, sex, age, national origin, or ethnic background in any of its employment or volunteer policies or in the administration of any Institute policies.

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

PHONE: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

Social Security Number Driver's License Number State

DATE AVAILABLE TO START: _____

VOLUNTEER POSITION(S) OF INTEREST: _____

Hours available to volunteer:	Days Available to Volunteer				
	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

Are you currently employed? _____ If so, may we contact your present employer for reference? _____
Contact Name and Phone: _____

Have you ever applied here before? _____ When? _____

Do you have experience volunteering with children? _____ When? _____

Please describe: _____

The information requested below is required by the Texas Department of Protective and Regulatory Services for all employees and volunteers involved with children or is needed for other legally permissible reasons.

Are you prevented from lawfully becoming employed in the U.S.? _____ Yes _____ No

Have you been convicted of a felony or misdemeanor within the last 5 years? _____ Yes _____ No

Describe: _____

(You will not be denied volunteer opportunities solely because of a conviction record, unless the offense is related to the job for which you applied.)

Do you have any physical limitations that preclude you from performing volunteer work?
 _____ Yes _____ No

If so, what can be done to accommodate your limitations? _____

Work and Volunteer History

Date	Name/Address of Employer	Position	Reason for Leaving
From: _____	_____	_____	_____
To: _____	_____	_____	_____
From: _____	_____	_____	_____
To: _____	_____	_____	_____

Education

Name/Location of School	Dates Attended	Subjects Studied	Graduate? Yes/No
High School: _____	_____	_____	_____
_____	_____	_____	_____
College: _____	_____	_____	_____
_____	_____	_____	_____

Highest Degree Held: _____

Certification, Subjects of Special Study, or Research Work: _____

References

Please list two personal references:

Name (_____) _____
Daytime Phone

Mailing Address City State Zip

Name (_____) _____
Daytime Phone

Mailing Address City State Zip

Contact with children requires proof of a negative T.B. test. Please submit should you accept a volunteer position at the KPM School.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that falsified statements on this application shall be grounds for my dismissal as a volunteer at the KPM Institute/School.

I authorize investigation of all statements contained herein and the references listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if I accept a volunteer position, my position may be terminated at any time without any prior notice.

DATE: _____ Signature _____