



Return the documents and checklist with original signatures to:

Central Texas Tennis Association
 Attn: Volunteer Program
 P.O. Box 151014
 Austin, Texas 78715
 Fax: (512) 280-5972

Volunteer Application

Name (Last, First, Middle) [Redacted]	Preferred Name [Redacted]	Date of Birth [Redacted]	Home Telephone [Redacted]
Address (Street, City, State, ZIP Code) [Redacted]	Email Address: [Redacted]		County [Redacted]
Other Names Used/Known By (list any other names (aliases) you have used, such as maiden name, previous married name, etc): [Redacted]	Organization Represented (if applicable): [Redacted]		Who referred YOU [Redacted]

Why do you want to volunteer for CTTA?
[Redacted]

What location are you interested in?
[Redacted]

Applicable skills:
[Redacted]

Type of volunteer service preferred: [Redacted]

Are you willing to receive training for another assignment? Yes No

Are you a student Intern? Yes No

If yes what University? [Redacted]

If Yes how many hours are you required obtain? [Redacted]

Education (Check highest level completed):

<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational or Technical Training	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Interns: <input type="checkbox"/> undergraduate	<input type="checkbox"/> graduate	<input type="checkbox"/> post graduate			
University	Date of undergraduate degree	Date of graduate degree			



Additional Languages (list):

	Speak	Read	Write
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
American Sign Language	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> NA		

Date(s) and time(s) available:

Days per week: Hours per week: Comments:
--

Are you presently employed?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
if yes, where? _____	Work Telephone _____
Address: _____	
Occupation: _____	

Prior employment:

Company:	Position:	Responsibilities:
_____	_____	_____
_____	_____	_____

Can you provide transportation for others? CAR POOL

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

Please list three (3) personal references (excluding relatives):

Name:	Address:	E-Mail address	Telephone #:
			
			
			



Volunteer Agreement

- I affirm that the information that I have provided is true and correct to the best of my knowledge.
- I agree to conform with the rules and regulations to the best of my ability.
- I agree to respect the confidential information and any personal contact with PARTICIPANTS
- I agree to inform CTTA if I am named in complaints or indictments or convicted of offenses.
- I understand and agree to participate in orientation and training.

Signature of Volunteer

Date

In case of emergency, please notify:

Name	Relationship	Telephone #
Address		

Name	Relationship	Telephone #
Address		



BACKGROUND CHECK AUTHORIZATION

NOTE: Failure to complete each field could delay or prevent the return of your volunteer background results.

PLEASE PRINT: First Name		Middle Name	Last Name	# of yrs as TX resident	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
[REDACTED]					
Residence Street Address			City	County	State Zip Code
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]
Residence Telephone No. (A/C)	Date of Birth	Gender :	SSN	DL Number/State	
[REDACTED]	[REDACTED]	[REDACTED] Male – Female	[REDACTED]	[REDACTED]	
List all other Texas residences in the past 5 years (street address and city - continue on back as needed). If no other addresses, please note. [REDACTED]					
[REDACTED]					
Race (check all applicable)			Ethnicity (check one, only)		
<input type="checkbox"/> Asian <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaiian/Pac Island <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine (none of the above)			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		

Volunteer Agreement

I understand that I am requesting volunteer placement requiring criminal history checks and authorize CTTA to conduct these checks.	
_____	_____
Signature of Volunteer	Date

Return Results to (FOR DFPS USE ONLY):

Full Name	P.O. Box 151014 Austin, Texas	MAIL CODE 78715
SARAH PERNELL		
Coordinator		
Check box to indicate applicant's involvement:		
<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> INTERN (non-paid)	<input type="checkbox"/> HSS (High school student) <input type="checkbox"/> BOARDMEMBER



VOLUNTEER TRANSPORTATION ESSENTIAL DRIVING DUTIES

Are you willing to provide transportation for others volunteers?

Yes No

Are you willing to use your personal vehicle for other essential driving duties?

Yes No

Does your vehicle have:

- Required Insurance
- Current Registration
- Seat Belts/Child Safety Seat
- Inspection Sticker

Driver's license: State Number Exp. Date:

Have you had any moving/traffic violations in the past five years? Yes No

If so, please explain:

I affirm that the information I have provided above is true and correct.

I agree that if I am approved to provide transportation for the Texas Department of Family and Protective Services, I will provide an updated and original copy of my driver's license and proof of insurance to my supervisor on an annual basis.

During the time that I am volunteering with CTTA, I also agree to report the following to my supervisor:

- Any suspension, cancellation, or revocation of my driver's license within five working days
- Any new traffic/moving violations
- Cancellation of my automobile insurance for the vehicle being used

Volunteer

Date

Supervisor

Date



VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, am a volunteer for the CTTA(*Central Texas Tennis Assoc.*)

I UNDERSTAND:

- The information provided is confidential
- The information provided may not be used for any purpose other than the purpose for which I am volunteering; and
- Any information obtained while I am volunteering with CTTA must not be discussed or disclosed to any person, other than current CTTA DIRECTOR and then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND and have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.

Signature of Volunteer

Date

Signature of Parent (if the volunteer is a minor)

Date



VOLUNTEER PROGRAM WORK RULES, STANDARDS OF BEHAVIOR AND PERFORMANCE

The mission of CTTA is enhanced by the contribution of volunteers. CTTA is grateful to volunteers for their time and commitment. CTTA requests that volunteers adhere to CTTA rules and standards for volunteers as set out below.

Attendance Standards

1. The tasks you perform are highly valuable. We depend on you. Please observe scheduled volunteer time agreed upon by you and your supervisor, including scheduled coffee and lunch breaks if applicable.
2. If you are unable to report for your scheduled volunteer time, notify your supervisor as soon as possible.

Work Standards

3. Maintain conduct in accordance with the proper performance of duties, operations of the office, and goals and objectives of CTTA.
4. Maintain a helpful attitude toward other volunteers, employees, supervisors, student and the general public.
5. Follow instructions issued by the supervisor related to job performance, and exercise care in performing assignments by maintaining CTTA standards, and personal conduct standards.
6. Please refrain from excessive personal use of the telephone, personal conversations, selling products or services to volunteers or employees, or other distracting behavior.
7. All information and names of students/clients are confidential. *The Volunteer Confidentiality Agreement must be signed prior to beginning placement.*
8. You must not falsify any documents or make false statements related to your volunteer duties.

Personal Conduct Standards

9. Exhibit courtesy and respect in your interactions with students, clients, peers, ctta staff, vendors, contractors and others in the course of your job. Verbal or physical abuse, and/or discrimination against a student/ client, a member of the community, or another CTTA employee or volunteer are not acceptable.
10. Knowledge gained through volunteer service may not be used for personal profit, profit for friends or family, or for any other personal gain or benefit. Compensation, gifts, or promises, which could influence the performance of duties may not be accepted. Services or favors to other employees, applicants, clients, or other persons may not be granted.



11. Avoid even the appearance of favoritism, prejudice, undue influence or impropriety. Make certain that your conduct maintains your credibility in the community as a volunteer.
12. Harassment or retaliation of any kind is not tolerated.
13. Protect city property. You may not destroy, falsify, remove, steal, conceal or otherwise misuse city property.
14. You may not participate in political activity while on duty, or attempt to influence any CTTA activity for political purposes.
15. You may not use alcohol or illegal drugs while on duty; bring alcoholic beverages or illegal drugs onto CITY-owned or leased property.
16. You may not be under the influence of alcohol or drugs while on duty. You may not be under the influence of any illegal substances while on duty, and you may not be under the influence of any substance, whether or not it is legal, that substantially impairs your ability to perform your duties.
17. You may not have firearms or other dangerous weapons at the workplace, including your private vehicle when parked at the workplace, or during the performance of your duties. You may not engage in any activities that endanger your peer, staff, clients, or the community. You must not make any threats or threaten violence to your peer, staff, clients and providers, even jokingly. You may not compromise the safety of your peers, staff, the general public, or the workplace.
18. Conviction of, or admission of guilt for a misdemeanor or felony may result in termination of your placement.
19. Dress appropriately and professionally in accordance with your placement, and exercise good judgment and care in personal grooming.
20. All CTTA locations are non-smoking.

Ask your supervisor's advice if you are uncomfortable with a situation or when you have questions about any issue related to volunteer/ work ethics. Supervisors may issue additional, reasonable work rules, if such are required.

Acknowledgment

I acknowledge that I have read and will observe the above standards and regulations.

Signature of Volunteer

Date

Signature of Parent (if Volunteer is a minor)

Date