

1307 Uhland Road San Marcos, Texas 78666 512-393-7800

VOLUNTEER REGISTRATION AND SERVICE RECORD

Date Completed:	
PERSONAL INFORMATION	
Name:	Telephone Number:
Address:	_
City: State: Zip:	
Social Security Number:	TX Driver License Number:
Gender: Male Female	
EMERGENCY CONTACT INFORMA	TION
In case of an Emergency Notify:	
Relationship:	
Home Number:	Cell Number:



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EMPLOYER INFORMATION

Employer Name:				
Employer Supervisor:			Telephone Number:	
Address:				
City:	State:	Zip:		
RELIGIOUS/SKILLS	/HOBBIES	,		
If you are clergy: Name of the religious body	:		, Contact Name:	
Telephone Number:				
Address:				
City:	State:	Zip:		



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If you are not clergy: What church do you represent?	
Please provide a clergy name:	Telephone Number:
Address:	
City: State: Zip:	
List your volunteer and paid experience, skills; hemberships:	nobbies, and organization
What is your highest level of Education? List deg	gree(s) held:
Do you have any physical limitations that would	I prevent you from volunteer duties in the jail?



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SPOUSE INFORMATION

Spouse Name:			Telephone Number:			
Address:						
City:	State:	Zip:				
VOLUNTEER VI	SIT REQUES	TS				
List Name(s) of those y	ou request to visi	it:				
Name:		Re	elationship:			
Name:		Re	Relationship:			
Name:		Re	Relationship:			
Name:	ame:		Relationship:			
What type of voluntee	r services do you	wish to provide	e?			
Pastoral Visit Pastoral Counse	ing		Bible Studies Professional Counseling			
Worship Services	S		Other (Explain)			



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When are you available and for w	hat lengths of time?	
How did you hear about us?		
REFERENCES		
	ation for (3) three Personal Re	ferences:
NAME	ADDRESS	PHONE
		NUMBER
CRIMINAL HISTORY CH	ECK _	
Have you ever been arrested?	YES NO	
If YES, have you ever been convict Please Explain:	ted of a Misdemeanor Felony	



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Authorization for Relea	se of Informa	ation		
			eview and full disclosu	re of all
I, records (whether public, private or conf Sheriff's Office for the purpose of deter				
Applicant Name:				
Signature:				
Address:				
City:	State:	Zip:		
Date of Birth:	Place of I	Birth:		
Social Security Number:				
Witness:				
Name:		Date:		