



3207 Tulip Street  
Pasadena, TX 77504  
713-944-6569



## VOLUNTEER SERVICES

### Time, Talent, & Interest Survey and Application

Title Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr. \_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Street or P.O. Box  
City \_\_\_\_\_ Zip \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_ Profession: \_\_\_\_\_

Phones: H (\_\_\_\_) \_\_\_\_\_ WK (\_\_\_\_) \_\_\_\_\_ Cell/Pgr (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

I would like to volunteer \_\_\_\_\_ hours per week OR \_\_\_\_\_ hours per month  
OR \_\_\_\_\_ periodically as a need arises.

I am available on: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun.

I am available: \_\_\_\_\_ 8:30 a.m – 12:30 pm \_\_\_\_\_ 12:30 p.m – 4:30 p.m.

\_\_\_\_\_ All day special events \_\_\_\_\_ Half Day events

\_\_\_\_\_ Committees \_\_\_\_\_ Miscellaneous

Best Time to contact you: \_\_\_\_\_

I have the following interest(s):

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| _____ Answer phones               | _____ Assist at Health Fairs        |
| _____ Prepare mail outs           | _____ Work concessions              |
| _____ Fundraising                 | _____ Data Entry                    |
| _____ Serve on Advisory Committee | _____ Run errands                   |
| _____ Sell greeting cards         | _____ Make phone calls              |
| _____ Prepare packets             | _____ Help at Houston Open          |
| _____ Proofreading                | _____ Event set up and/or tear down |



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**As a volunteer or Project Joy and Hope:**

I, \_\_\_\_\_, have an obligation to the organization that I am serving, to the public, and to myself to maintain the highest standards of ethical conduction. As such, I will not commit actions that are contrary to the following standards, nor will I condone the commission of such acts by others within the agency.

**I have a responsibility to:**

- Keep all information confidential unless legally obligated to do otherwise
- Refrain from using or appearing to use confidential information acquired during my volunteer actions for unethical or illegal advantage either personally or through third parties.
- Avoid direct or indirect, actual, or apparent, conflicts of interest and advise all appropriate parties of any potential conflict.
- Refuse and gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others.
- Report any future allegations or criminal activities, investigations, arrest, and/or convictions involving myself so long as I am a volunteer of the organization.
- Refrain from directly/indirectly engaging in any activity that would discredit the agency.
- Perform my duties in accordance with relevant by-laws, regulations, or other policies and procedures as instructed by the agency.
- Represent the interest of all people served by the agency both internally and externally.

I, \_\_\_\_\_, understand the concepts represented above and do affirm that I have not been party to any unethical or conflicting actions of interest or any observed unethical activity of which I have become aware to the appropriate parties. I have not currently have pending against me any criminal proceedings, nor have I been placed under arrest for or been convicted of a criminal felony offense within the last ten years.

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Applicant Signature

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Date of Application



## VOLUNTEER SERVICES

### Release of Information

As a volunteer or Project Joy and Hope:

I, \_\_\_\_\_, understand that my and/or my child(ren)'s picture, voice, and/or written or photographic material may be recorded electronically and/or photographically by Project Joy and Hope during any participation of the services and/or affiliations of me and/or my child(ren).

I hereby grant permission to Project Joy and Hope to use these photographs, videotapes, or audio recordings for myself and/or my child(ren) for its own use for distribution.

I Further understand that these photographs, videotapes, and audio recordings will be owned by Project Joy and Hope and may be used only for articles and programs regarding its mission and purpose.

Child(ren)'s Name(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Individual - Printed Name

\_\_\_\_\_  
Parent/Guardian/Individual – Signature

\_\_\_\_\_  
Date