



CHRYSALIS MINISTRIES VOLUNTEER APPLICATION
PLEASE PRINT CLEARLY

OFFICE USE: <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship/Service Learning Other:_____
Interviewed by: _____ Date:_____

WE REQUIRE THE FOLLOWING INFORMATION DUE TO SECURITY REQUIREMENTS OF THE FACILITIES WE SERVE.

1. Today's Date: ___/___/___

2. Please tell us why you would like to volunteer:

3. In which facility(ies) would you like to volunteer? Check as appropriate:

<input type="checkbox"/> Family Renewal Center <input type="checkbox"/> Bexar County Adult Detention Center & Annex <input type="checkbox"/> Bexar County Juvenile Detention <input type="checkbox"/> Cyndi Krier Correctional Facility <input type="checkbox"/> Laurel Ridge Treatment Center <input type="checkbox"/> GEO San Antonio <input type="checkbox"/> GEO Karnes City <input type="checkbox"/> Applewhite Treatment Facility (SATF/ISF/MIOF) <input type="checkbox"/> Other: _____

4. First Name: _____ MI: _____ Last Name: _____

5. Address: _____ (Physical no PO Box) City: _____, Texas Zip: _____

6. Phone: _____ Cell: _____

7. E-Mail Address: _____

8. Date of Birth: ___/___/___

9. Social Security Number: ___-___-_____. (This is needed to clear volunteers at some of the facilities we serve.)

10. Please list any skills, job experience, or ministry experience that may be relevant in assisting someone who has been incarcerated:

11. Employer: _____ Occupation: _____ Employer Phone: _____

12. May we contact you at work? Yes No

13. Please list any professional certifications: _____

14. Do you have any impairments for which we need to make accommodations? Yes No

15. If yes to Question 14, please indicate the accommodations requested:

16. If pastoral care volunteer, please indicate your Church affiliation: _____

17. If pastoral care volunteer, please list the name of your Pastor/Church Leader: _____

18. Which days are you available? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

19. Hours available: _____

20. One Time Volunteer? (Special Events) Yes No

21. IN CASE OF EMERGENCY, PLEASE LIST WHOM MAY WE CONTACT:

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
1.			
2.			

22. Have you ever been arrested? Yes No If yes, please state all of your offenses.

(An arrest/conviction does not necessarily preclude volunteer service at Chrysalis Ministries.)

Date of Offense/Arrest _____ Offense _____

Date of Offense/Arrest _____ Offense _____

23. If yes to Question 22, were you ever been convicted? Yes No If yes, please explain:
