



Volunteer Form

Contact Information:

Name:

Address:

City/State/Zip:

Phone:

E-mail:

Volunteer Information:

Previous Volunteer or work experience

How did you hear about us?

Hours and days available for volunteer work

Desired number of volunteer hours per week

Emergency contact; relationship of the contact, address and phone #

Highest education level reached

Language(s) spoken

Physical limitations

Current employer

Statement and description of any prior criminal convictions or offenses

Certifications such as First Aid and CPR with dates of certification and expiration dates

Valid driver's license number

References (list name and contact information):

North Texas Specialty Physicians Charitable Fund provides Equal Opportunity for all volunteers. Qualified applicants are considered without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status.

All volunteers will be required to submit to a reference check, interview, trial period, and relevant training prior to joining the NTSP Charitable Fund team.

Signature

Please send volunteer form by mail, e-mail or fax to:

Lea Thomas
Director of NTSP Charitable Fund
1701 River Run, Suite 210
Fort Worth, TX 76107
lthomas@ntspcf.org
Fax: 817 332-3614