TEXAS LEGAL SERVICES CENTER
VOLUNTEER AND INTERN
APPLICATION

Date received _____

Time received _____

Received by _____

Applicant No. _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank**. Be sure to sign when completed. Texas Legal Services Center is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed. Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice.

NAME _____ ( ) _____
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS _____ ( ) _____
(Street) (City) (State) (Zip) (Country) (Work Phone, Optional)

E-MAIL ADDRESS _____ SOCIAL # _____

List any other names used if different from name on this application.

_____

List the volunteer opportunity for which you wish to apply:

How did you learn of the position?

Date available to begin?

Are you willing to volunteer during hours other than 8-5? Yes ☐ No ☐ What days and hours are you unable to volunteer?

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes ☐ No ☐ If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION (**NOTE**: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes ☐ No ☐ If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

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AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

_____

_____

_____

_____

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐
If yes, what language(s) do you speak? _____ How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐ No ☐
If yes, which language(s) _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes ☐ No ☐ If yes, list type of discharge _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes ☐ No ☐ Are you a surviving orphan of a veteran? Yes ☐ No ☐

If yes, complete dates of service for veteran _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete.
2. I understand that as a condition of acceptance, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize TLSC to undertake background checks including the requesting of public records from the Texas Department of Public Safety, the Federal Bureau of Investigation, and from private credit and reporting agencies.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE: X

Signature – Applicant Date

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VOLUNTEER HISTORY

Public service or volunteer work that you have performed in the last ten years.

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ( )								Immediate Supervisor Name: Title: Supervisor's Telephone No.: ( )	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-Managerial ☐ Supervisory/Managerial ☐	If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.				
						$			

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP Employer's Telephone No.: ( )								Immediate Supervisor Name: Title: Supervisor's Telephone No.: ( )	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-managerial ☐ Supervisory/Managerial ☐	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.				
						$			

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Mo.	Day	Yr.	Mo.	Day	Yr.				
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Mo.	Day	Yr.	Mo.	Day	Yr.				
						$			

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Specific reason for leaving:

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EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____

Last First Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ( )								Immediate Supervisor Name: Title: Supervisor's Telephone No.: ( )	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
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Mo.	Day	Yr.	Mo.	Day	Yr.	$			
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Position Title: Employer: Mailing Address: City & State/ZIP Employer's Telephone No.: ( )								Immediate Supervisor Name: Title: Supervisor's Telephone No.: ( )	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
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Mo.	Day	Yr.	Mo.	Day	Yr.				
						$			

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