

Community Service Restitution Membership Application



This application may be completed on a computer and submitted by e-mail. Simply click on any check box to select it, and the text boxes will expand as you type information in. Tab to move from field to field.

The following documents are required for membership in addition to this application:

- Copy of 501(c)3 Letter; or if tax-supported entity, submit documentation verifying Agency's tax-exempt status
- List of Agency's Board of Directors, Advisory Board, or highest governing body

Email the application and support documents to: Noemi Gonzalez ngonzalez@vcnt.org or

Mail all documents and application to: **Volunteer Center of North Texas**
630 Texas Street
Dallas, TX 75204

If you have any questions, please call Noemi Gonzalez at 214-821-8711 ext.414.

All information must be completed to process your application.

Date	Agency Name (as listed on 501c3)		
Date of Incorporation	Mailing Name (if different from agency name)		
Agency's Main Phone Number	Agency's Fax Number	Agency's EIN	
Agency's Physical Address <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> Same as Mailing Address	Street/Suite	City	State Zip
Agency's Mailing Address	Street/Suite	City	State Zip
County	Website Address		
Agency Mission Statement			
CONTACT INFORMATION			
Executive Director	Phone Number	E-Mail Address	
CSR Volunteer Coordinator/Director/Manager	Phone Number	E-Mail Address	
<input type="checkbox"/> YES! Our Agency accepts youth (under 18) volunteers <input type="checkbox"/> NO! We do not accept youth volunteers <input type="checkbox"/> YES! We take Spanish Volunteers <input type="checkbox"/> NO! We do not take Spanish Volunteers			
Agency's Operating Hours:			
Monday _____	Tuesday _____	Wednesday _____	Thursday _____
Friday _____	Saturday _____	Sunday _____	
Volunteer Opportunities/Jobs Available:			
Offense Restrictions:			

AGENCY INFORMATION

Agency Type

501c3
 Tax-Supported Entity
 United Way Agency
 Hospice (For-Profit Organization)
 Faith-Based Organization

Comments:

Dress Code for Volunteers:

CAUSES / CLIENT POPULATION / ETHNIC BREAKDOWN

CAUSES SERVED: (Check as many as may apply to your agency)

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse/Domestic Violence | <input type="checkbox"/> Education | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Employment/Job Training | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Environment | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Animal Care/Advocacy | <input type="checkbox"/> Ethnic/Cultural Issues | <input type="checkbox"/> Nonprofit Administration |
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Recreation/Sports |
| <input type="checkbox"/> Basic Needs Assistance
-Clothing, Housing, etc. | <input type="checkbox"/> Health | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Substance Abuse Prevention |
| <input type="checkbox"/> Counseling/Crisis | <input type="checkbox"/> Hospice/Home Support | <input type="checkbox"/> Teen Pregnancy/Parenting |
| <input type="checkbox"/> Disabilities/Mental & Physical | <input type="checkbox"/> Hospice Services | <input type="checkbox"/> Violence Prevention |
| | <input type="checkbox"/> Immigration/Refugee Assistance | |

POPULATION SERVED: (Check NO MORE THAN THREE Categories)

- | | | | |
|--------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Adult Men | <input type="checkbox"/> Children/Elementary | <input type="checkbox"/> General Public | <input type="checkbox"/> Teenagers |
| <input type="checkbox"/> Adult Women | <input type="checkbox"/> Children/Preschool | <input type="checkbox"/> Infants | <input type="checkbox"/> Other |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Families | <input type="checkbox"/> Senior Citizens | |

ETHNIC MAKEUP OF CLIENTS: (Use PERCENTAGES to total 100 percent; use whole numbers only)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American _____ | <input type="checkbox"/> Anglo _____ | <input type="checkbox"/> Asian/Pacific Islander _____ |
| <input type="checkbox"/> Hispanic _____ | <input type="checkbox"/> Native American _____ | <input type="checkbox"/> Other _____ |

CSR Membership Agreement

I (Agency Representative), _____, as a representative of (indicate agency) _____, have reviewed and agree with the VCNT Member Policies Manual. My agency agrees to work toward the same goals for volunteerism in North Texas and further agree to abide by the policies as they are revised as needed. We also agree to follow the procedures for requesting and managing volunteers. Our agency agrees to determine the risk factors for our volunteers, review volunteer accident and liability insurance policies if necessary, and provide appropriate coverage for any volunteers referred to our agency. We understand that VCNT does not provide accident or liability insurance for any volunteers referred. We acknowledge that VCNT does not accept any liability for any incident related to the volunteers. We understand that we are responsible to determine and provide the level of screening and supervision necessary. We are aware that court ordered volunteer hours will not be credited prior to Volunteer Center CSR Program approval of agency enrollment and that participating agencies must meet program eligibility criteria, provide documentation and verification of court ordered volunteer hours.

Signature _____ Date _____