



Eye Care for Kids Foundation

9660 Hillcroft, Suite 325

Houston, TX 77096

Ph: 713-728-5437

Fax: 713-728-9304

www.eyecareforkids.org

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Hours, Days of Week:

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Vision Screening *	Screening school-aged children for visual acuity at various schools *
<input type="checkbox"/> Events	Assisting with Fundraising Events, Dinner Auction, Golf Tournament
<input type="checkbox"/> Field work	Doing Site Visits
<input type="checkbox"/> Fundraising	Assisting with Sponsorship Solicitation, Donation Requests
<input type="checkbox"/> Clerical/Admin	Data Entry, Filing
<input type="checkbox"/> Phone bank	Following up with Families, Calling Provider Doctors

Interest in Volunteering

What are your interests in volunteering at Eye Care for Kids?

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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with Eye Care for Kids Foundation.

*Vision Screening Volunteer

Vision Screeners are required to work with school-aged children at various campuses in the Greater Houston Area, for Liability and Safety reasons, We require a background check. Please sign to authorize Eye Care for Kids Foundation to conduct a background check.

License ID: _____ State: _____ Social Security
Number: _____

I authorize Eye Care for Kids to conduct a background check for volunteer purposes.

Print Name: _____ Date: _____
Signature: _____ Date: _____

Fax Completed Application to: 713-728-9304