**Rio Grande Valley Literacy Center**

1005 W Gore Ave, Pharr, TX 78577 Office: 956.961.4299

[www.rgvliteracycenter.org](http://www.rgvliteracycenter.org) [www.facebook.com/rgvlc](http://www.facebook.com/rgvlc)

|  |  |
| --- | --- |
| **Volunteer Application** | Date: ­­­­­­ Click here to enter a date. |

|  |  |
| --- | --- |
| Name: Last Name First Name Middle Initial | |
| Address: Street Apt.# City 00000 | |
| Phone: Phone# | Email: Email |

In what areas are you interested in volunteering for? Please check all that apply.

Instructional ESL Instructional GED: English  Spanish

Office/Receptionist Fundraising Events Facility/Maintenance

Other: Click here to enter text.  
  
Have you done volunteer work in the past? Yes No If yes, how many years? 00000

If yes, describe: Click here to enter text.

Do you have experince with adult education? Yes No

If yes, describe: Click here to enter text.

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| --- | --- | --- | --- | --- | --- |
| Please check all applicable days and times you are available to volunteer. |  | Monday | Tuesday | Wednesday | Thursday |
| 9:00am – 12:00pm |  |  |  |  |
| 12:00pm – 3:00pm |  |  |  |  |
| Other, please specify time. |  |  |  |  |

**Office Volunteer**

By signing below, I understand that being a volunteer at the Rio Grande Valley Literacy Center is a serious commitment. I understand that I must participate in any necessary training/orientation workshops provided by RGVLC. I understand that staff/students depend on my attendance and active involvement in order to succeed. I also understand that if I fail to meet the requirements of a volunteer, I may not be asked to return.

**Volunteer Instructor**

By signing below, I understand that being a volunteer instructor at the Rio Grande Valley Literacy Center is a serious commitment. I understand that I must participate in the 3-hour instructor training/orientation workshop provided by RGVLC. I understand that students depend on my attendance and active involvement in order to succeed. Futhermore, I agree that upon accepting a position as a volunteer instructor, I will remain active throughout the course of the semester I have agreed to. I also understand that if I fail to meet the requirements of a volunteer instructor, I may not be asked to return for a new semester.

Print Name: Please print your name. Signature:

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**Activity Consent and Health Information Release Form**

Name: Last Name First Name Middle Initial  
  
 Date of Birth: Date of Birth Age: 00 Gender: Male Female

Medical Condition, if any: Click here to enter text.

**Emergency Contact:**

Name: Last Name First Name Phone: Phone#

Relationship: Click here to enter text.

I fully understand that the participation at the RGV Literacy Center can result in serious injury or illness. Risks involved: service hours during community events, festivals, travel, and more. Serious injuries may result from participating in an RGV Literacy Center program. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to not hold the RGV Literacy Center, Hidalgo County, cities, organizers, supervisors, participants, volunteers, or any other individuals, firms or organizations responsible in the event of a serious injury or illness. I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I become ill or injured while participating in activities with the RGV Literacy Center. I hereby grant the RGV Literacy Center, Hidalgo County, cities, organizers, supervisors, participants, volunteers, or any other individuals, firms or organizations to take and use any photographs, video recordings, or any other record of my participation in these programs for any legitimate purpose.

Print Name: Please print your name. Signature: Date: Date

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**Background Check Authorization**

Name: Last Name First Name Middle Initial

|  |  |
| --- | --- |
| Address: Street Apt.# City 00000 | |
| Phone: Phone# | Email: Email |

Date of Birth: Date of Birth Gender: Male Female Ethnicity: Click here to enter text.

Driver License/State ID #: 000000000 Social Security Number: 00000000

I hereby give permission for the Rio Grande Valley Literacy Center to obtain information, including but not limited to, my criminal history, credit history, to include a consumer report under the Fair Credit Reporting Act 15, U.S.C; 1681, driving record, employment history, military background, civil listings, educational background, professional license from any individual, corporation, partnership, law enforcement agency, and other entities, including my present and past employers relating to my criminal history as well as through internet sources. The criminal history record as received from reporting agencies may include arrest and conviction data, as well as plea bargains and deferred adjustments and delinquent conduct committed as a juvenile.

I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with the Rio Grande Valley Literacy Center and/or another organization affiliated with the organization. I also understand that as long as I remain an employee or volunteer staff member, the Criminal History Record Check may be repeated at any time. I understand that I will have an opportunity to review the criminal history report and if I dispute the record received by the organization, I have the opportunity to dispute, in writing, any adverse information contained in such report and to clarify such information in consultation with an organization representative.

I, the undersigned, do for myself, my heir and administrators, hereby remise, release and forever discharge and agree to indemnify any agency maintaining such records, the Rio Grande Literacy Center and its affiliated organization and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all attorney’s fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become an employee or volunteer staff member of the Rio Grande Valley Literacy Center or affiliated organization.

Print Name: Please print your name. Signature: Date: Date