**BVCIL VOLUNTEER APPLICATION**

Revised September 2023

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Description automatically generated**

Please complete the entire application and return to Raquel Masco at BVCIL – 1869 Briarcrest Drive in Bryan or scan and email to raquel@bvcil.org.

Call 979.776.5505 if you require assistance completing the application.

**HELLO AND THANK YOU**

Hello and thank you for your interest in volunteering with Brazos Valley Center for Independent Living where our mission is to promote the full inclusion and participation of individuals with disabilities in all aspects of community life.

With the help of selfless volunteers like you we make our mission a reality.



**A QUICK OVERVIEW OF BVCIL**

**Our Mission:**

To promote the full inclusion and participation of individuals with disabilities in all aspects of community life. BVCIL is a nonprofit 501(c)(3) organization.

**What We Do:**

We are consumer driven. Who are consumers? They are the people we serve. They are the individuals living with disabilities – any age, any type of disability working towards obtaining or maintaining independence at home or in the community. How is this possible? Through our core services:

* **Individual and Systems Advocacy –** working with individuals regarding issues or concerns related to obtaining supports, services, employment, housing, benefits, etc. It is working with the community at large on changing attitudes and policies to support access for all citizens.
* **Peer Support –** connecting our consumers with existing support groups in our community, providing one-to-one support and support groups here at BVCIL. It is NOT professional counseling.
* **Information and Referral –** assisting consumers and anyone else with questions about disability, access and/or community resources.
* **Independent Living Skills Classes –** classes that are offered and designed based on what individuals want and/or need. BVCIL offers practical, fun classes in many areas including computers, cooking, grocery shopping, using public transportation and more!
* **Transition Services –** helping individuals navigate significant life transitions which could include relocating from a nursing home or institution into a community-based living arrangement; helping young adults navigate independent living; or “diversion” services which means helping to prevent people from needing to go into an institutional setting.

***Now that you have a sense of who we are, are you ready to come on board? Well, the next page explains ways you can help*.**

**BVCIL VOLUNTEER OPPORTUNIES**

**Front Desk:**

* Greet our guests and consumers
* Answer phones
* Keep front desk and community resource station clean and organized

**URGENT NEED: Cover front desk Thursdays and Fridays 8:30am-5:00pm (time slots are available)**

**Consumer Assistance:**

* Helping consumers use computers
* Assisting staff during Independent Living (IL) Skills Classes
* Encourage consumers

Interpreting – language other than English

**URGENT NEED: Spanish Speakers**

**Event Planning:**

* Assist Special Projects Coordinator in planning our events including holiday celebrations!

**Facilities (Main Office Suite and Annex Suite):**

* Help keep the place clean and tidy
* Clean and sweep around our front door
* Occasional projects like testing smoke alarms, touch-up painting, vehicle cleaning and more!

**APPLICATION**

**Personal Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name, Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Availability:**

Weekday mornings: \_\_\_\_\_\_\_\_\_\_\_\_

Weekday afternoons: \_\_\_\_\_\_\_\_\_\_\_

Weekday evenings: \_\_\_\_\_\_\_\_\_\_\_\_

Weekend mornings: \_\_\_\_\_\_\_\_\_\_\_\_

Weekend afternoons: \_\_\_\_\_\_\_\_\_\_\_

Weekend evenings: \_\_\_\_\_\_\_\_\_\_\_\_

**Which Opportunitties Interests You:**

Front Desk: \_\_\_\_\_

Consumer Assistance: \_\_\_\_

Event Planning: \_\_\_\_\_

Facilities: \_\_\_\_\_

**Tell Us a Little About Your Volunteer Experience:**

What Have You Done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Organizations Have You Volunteered With:  
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What Brought You to BVCIL:  
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**Agreement and Signature:**

By submitting this application, I affirm 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.

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 us.

**Volunteers must pass the background check and pay $3.75 to cover said inquiry. If you are unable to pay, please let Raquel know.**

**Volunteers will be notified by email or phone call when their application has been approved.**

**Release for Background Check:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, release Brazos Valley Center for Independent Living to conduct a background check to secure my volunteer status with the organization.

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_