

# Volunteer Application



**The Austin Harmony Project**

Enriching the Lives of Adults with Developmental Disabilities Through Art, Music and Community

DATE:

LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

STREET :

CITY:

STATE:

ZIP:

In addition to your formal education do you possess any talent or skill that might be beneficial to The Austin Harmony Project? \_\_\_\_\_

Please check areas of interest:

Thrift Store Associate

Concert Event

Art Program

Music Program

Book Store

Fundraising Event

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## BACKGROUND INQUIRY AGREEMENT

Due to the nature of the disabilities of the students of The Austin Harmony Project, it is our policy to provide a safe and secure environment. For this reason we ask that you the questions below. By signing this statement, you agree to the investigation of any and all statements included in this form and declare that they are true and complete. Further, you understand background investigations may be conducted and that any misrepresentation, falsification or willful omission of information contained on this form shall be sufficient reason for refusal of you volunteer services.

\_\_\_\_\_  
Signature

SSN: \_\_\_\_\_

Driver's Licence State/ Number \_\_\_\_\_

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

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Have you ever been convicted of a criminal offense other than I minor traffic violation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

**THANK YOU FOR VOLUNTEERING!**

Please return signed application via email to [tressieseegers@yahoo.com](mailto:tressieseegers@yahoo.com) or mail to:

The Austin Harmony Project, Inc

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