



# VOLUNTEER

## D.O.R.S. COMMUNITY SERVICES

*In partnership with religious, charitable and educational organizations, D.O.R.S. Community Services (DCS) provides charitable services that contribute to the education, health and vitality of the East Texas community.*

### D.O.R.S. COMMUNITY SERVICES

Visit us at:  
1125 Judson Road  
Suite #153  
Longview, TX

Contact us at:  
P.O. Box 1286  
Longview, TX 75606

Brenda A. Day-Bevis  
Executive Director

Phone  
903.803.0100

#### PERSONAL INFORMATION:

Last name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

#### EXPERIENCE/EDUCATION:

*Describe the relevant skills, knowledge or training you wish to utilize with Stragent Foundation:*

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*List organizations for whom you have volunteered:*

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*Is there a specific project/s on our website of particular interest to you?\_\_\_ If so, please list :* \_\_\_\_\_

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#### AVAILABILITY:

*How often do you wish to volunteer? Daily\_\_\_ Weekly\_\_\_*

*Monthly\_\_\_ One-time Event\_\_\_\_\_*

*If you have a disability, what accommodations would you need to volunteer?*

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**BACKGROUND/HISTORY**

The following information is provided to D.O.R.S. Community Services for the purpose of investigation of background and criminal history.

Please list any other names used including married, maiden, etc. \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_ Date of Birth: Month\_\_\_ Day\_\_\_ Year\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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I hereby attest that the information I have entered on the D.O.R.S. Community Services Volunteer Form is true to the best of my knowledge. If completing online, PLACE A FORWARD SLASH BEFORE AND AFTER YOUR NAME.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_