



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 D.O.R.S. Community Services:

List organizations for whom you have volunteered:

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

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?

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: \_\_\_\_\_