



Housing Authority of the City of Brownsville

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you a Public Housing Resident? YES NO Development Name: _____

Date Available for Volunteer Work: _____

Volunteer Position Applied for: _____

Reason for Applying: **Contract Community Service Hours Required** **School or Other Volunteer Hours Needed**

Other: Please explain: _____

Are you authorized to work in the U.S.? YES NO Are you currently employed? YES NO Employer: _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School or College: _____ City: _____

From: _____ To: _____ Did you graduate? YES NO Diploma or Degree: _____

Other: _____ City: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to acceptance of volunteer service, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____