The Family Center, Inc.
Volunteer Application

Name: _____ _____ _____ _____ **Application Date:**_____**DOB**___/___/_____
FIRST MIDDLE LAST MAIDEN

Mailing Address: _____ **City:** _____ **Zip Code:** _____**How Long?**_____

Previous Address:_____**City:**_____**Zip Code:**_____**How Long?**_____

Email: _____**Phone #** (____) _____**Cell Phone or Work #** (____) _____

What is the BEST way to reach you? ☐ Email ☐ Home Phone ☐ Cell Phone ☐ Text

How did you hear about us? ☐ FC Website ☐ Family/Friend ☐ Flyer ☐ Booth ☐ Employer ☐ United Way
☐ Volunteer Match Other_____

Occupation:_____ **Employer:**_____

School Attending:_____**Major/Minor:**_____

Emergency contact name and phone number: _____ _____ _____
Name Phone Number Relationship

References: List three non-family members who know you well.

Name	Phone with area code:
1. _____	(____) ____-_____
2. _____	(____) ____-_____
3. _____	(____) ____-_____

Please list any other volunteer experience you have had: ☐

Agency/Place	Phone	Length of Volunteer Service
1. _____	(____) ____-_____	_____
2. _____	(____) ____-_____	_____
3. _____	(____) ____-_____	_____

Where have you worked?

Place of Employment	Phone	Length of Employment
1. _____	(____) ____-_____	_____
2. _____	(____) ____-_____	_____
3. _____	(____) ____-_____	_____

I am interested in finding how I can help with:

☐ *Donations/Pantry*
- accept, sort, put away and maintain receiving area.
- Flexible days and hours

☐ *Maintenance Assistant*
- Shelter House/Office Cleaning
  - Time Commitment: 2-4hrs weekly or bi-weekly

☐ *General Maintenance*
- Lawn Mowing/ Snow Removal
- Minor Repairs
- Painting/Decorating
- Time Commitment: On-Call As Needed

☐ *Shelter Assistants/Women's Advocacy*.
- take and direct calls, listen, give out Resource information, provide support
- over see the shelter operations
- Time commitment: 1 4-hour daytime shift Saturday/Sunday per month and occasionally during the week.
- Training and Shadowing is provided by counselors

☐ *Office Assistant/Visitation Assistant*
- answer phones, fax, copy, packet prep, data entry
- Help with safe exchanges and supervised visitation

☐ *Newsletters/Mailings*
- On-call basis

☐ *Children's Advocacy*
- Help with any scheduled activities (some evenings – some weekends)
- Provide respite care in the shelter (Usually daytime hours are needed)
- Tutoring

☐ *Safe Spaces*
- Taking care of our clients pets until they are able to take care of them when they move into their own homes.
- This does involve a home visit
- Time commitment: 30-90 days

☐ *Sexual Assault Victims Advocate:*
- This involves being on-call 2 – 24 hour shifts per month.
- Training is extensive and does require a 1 year commitment and monthly in-services.

Have you ever worked or volunteered here? Y N If so, when? _____
Have you ever been convicted of a crime? Y N If so, what?_____

Please check the boxes in which you are proficient and willing to share as a volunteer:

☐	Typing	☐	Minor Repairs
☐	Multi-Line Switchboard	☐	Electrical
☐	Computer Programs (Word,Excel,etc.)	☐	Carpentry
☐	Data Entry	☐	Fundraising
☐	Filing	☐	Arts/Crafts
☐	Desktop Publishing (Brochures,Newsletters)	☐	Knitting/Crocheting
☐	Event Planning	☐	Gardening
☐	Organization	☐	Sewing
☐	Fax, Copy	☐	Second Language_____
☐	Professional _____		

I am available the following days:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

Frequency: Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Special Events Only ☐ As Needed ☐

I can volunteer the following shift: Morning ☐ Afternoon ☐ Evening ☐

When can you start?_____

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

Signature _____ Date: _____

Background Check Permission Form

I hereby allow The Family Center, Inc. to perform a check of my background, not limited to and may include:

- ✓ Law enforcement
- ✓ Driving records
- ✓ Employment verification/Volunteer history
- ✓ Personal references

And other persons or sources as appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information, as they deem appropriate.

Applicant name: (please print) _____ _____ _____
(Last name) (First name) (Middle name)

(Maiden name and/or alias): _____

Social Security Number _____-_____-_____
(Will only be used for background check purposes)

DOB: _____/____/_____Signed: _____Date: _____

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To be completed by Law Enforcement Agency:

Office completing check:

Name: _____Title: _____Agency: _____

Date of Completion: _____ ☐ Report Attached

Comments: