



The Family Center, Inc. - Volunteer Application

Name: _____ DOB: __/__/__
First name Middle name Last name Maiden name

Mailing Address: _____ City: _____ Zip Code: _____

How long have you lived at this address? _____ Email: _____

Phone # (____) _____ Cell Phone or Work # (____) _____

Emergency contact name and phone number: _____

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 out more information how I can help with: (Please number in order of preference.)

- _____ *Donations:* accept, sort, put away and maintain receiving area.
- _____ *Pantry:* sort, put away and maintain pantry area.
- _____ *Shelter Assistants/Women's Advocacy:* take and direct calls, listen, give out Resource information, provide support and over see the shelter operations for 4-hour daytime shifts on the weekends and occasionally during the week.
- _____ *Office Assistant:* answer phones, fax, copy, packet prep, computer work, Data entry (we have specific hours for this position during the week.)
 - ___ Newsletters/Mailings
- _____ *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:* This is all about 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.)
- _____ *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.

Have you ever worked or volunteered here? _____ If so when? _____

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: _____

+++++

To be completed by Law Enforcement Agency

Office completing check:

Name: _____ Title: _____

Agency: _____ Date of Completion: _____

Report Attached
Comments: _____

