

Volunteer Application

Name of Local Council _____
City _____

Contact Information

Name _____ Date _____

Home Address _____

Home Telephone _____

Business Address _____

Business Telephone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ Social Security # (mandatory/not mandatory)

_____ Preferred Contact Location: Home Work

Valid Driver's License: Yes No

Emergency Information

Special medical needs/conditions _____

Emergency procedures (if applicable) _____

Emergency contact information:

Name _____ Relationship _____

Home Phone _____ Other Phone _____

Address _____

(street) (city) (state) (zip)

What is your availability to volunteer?

- Monday Hours _____
- Tuesday Hours _____
- Wednesday Hours _____
- Thursday Hours _____
- Friday Hours _____
- Weekends Hours _____

Start date _____

Hours needed _____

Completion date _____

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Education/Experience

Highest level completed _____ Institution _____

Occupation _____

How did you hear about the **Local Council Name?**

Why are you interested in volunteering for the Council?

Previous volunteer experience(s) – attach additional sheets as needed

Interests: (Please mark all that apply)

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Layout / writing newsletters | <input type="checkbox"/> Library work |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Working with children on projects |
| <input type="checkbox"/> Making telephone calls | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Using the copy machine |
| <input type="checkbox"/> Proofreading / editing | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Reading (newspapers, etc.) | <input type="checkbox"/> Attention to detail work |
| <input type="checkbox"/> Representative for the Council | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Creative memories / scrap | <input type="checkbox"/> Mailings / booking |
| <input type="checkbox"/> Stuffing, sealing, etc. | <input type="checkbox"/> Sewing, quilting, crochet or knitting |
| <input type="checkbox"/> Internet research | <input type="checkbox"/> Other crafts |
| <input type="checkbox"/> Teaching / training | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Staffing booths | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Planning, Steering or Other Committee Participation | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

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Skills: (Please mark all that apply)

- | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Web Publishing Software (e.g. PageMaker) | <input type="checkbox"/> Writing and / or editing articles or press releases |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Training |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Using copy machine |
| <input type="checkbox"/> Media technology | <input type="checkbox"/> Child development knowledge |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

What other specific skills, experience and/or resources can you offer the Child and Family Resource Council?

Would you be interested in helping out in special events throughout the year? (i.e. Kidz Quiltz, Advocacy Training, Service to Children Awards, etc.) Yes No

Do you have proficiency / skill in another language other than English in which you would feel comfortable assisting the local council's work? Yes No
If so which language(s)?

1. _____
 Speaking Ability Reading Ability Writing Ability
2. _____
 Speaking Ability Reading Ability Writing Ability

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EQUAL EMPLOYMENT OPPORTUNITY

Note: We are requesting EEO information on a voluntary basis. The purpose of requesting this information is to monitor our effectiveness in attracting minorities. The information collected is confidential. **Please check how you would designate yourself racially and/or culturally:**

Are you of Hispanic origin (This is defined as being a person of Mexican, Puerto Rican, Cuban, South American, or other Spanish Culture or origin, regardless of race)?

_____ Yes or _____ No

Race:

Caucasian

African American

Asian or Pacific Islander- a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.

Native American or Alaskan Native- A person with origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

Multi-Cultural - a person who would classify themselves as more than one of the above.

References:

Name _____ Title/Relationship _____

Organization Name _____

Address _____

_____ Telephone _____

Personal Professional E-mail _____

Name _____ Title/Relationship _____

Organization Name _____

Address _____

_____ Telephone _____

Personal Professional E-mail _____

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Note: Because of the sensitive nature of our work, we request the following information:

1. Have you ever been convicted of a crime?

Yes No

Please explain when, where and the nature of the offense below:

2. Are there any criminal charges, against you currently?

Yes No

Please explain when, where and the nature of the offense below:

3. Have you ever had a personal protection order against you?

Yes No

Please explain when, where and the nature of the offense below:

4. Have you ever been involved in the abuse or neglect of a child or adult?

Yes No

Please explain when, where and the nature of the offense below:

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5. Have you ever been involved with a protective service agency?

Yes No

Please explain when, where and the nature of the offense below:

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal from any volunteer job consideration. I authorize any references listed in this application to relay information they may have regarding my character and fitness for work on behalf of children. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect references provided on my behalf.

Applicant's Signature

Date

Witness Signature

Date

Print Witness Name