

# 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?

<input type="checkbox"/> Monday Hours _____	Start date _____
<input type="checkbox"/> Tuesday Hours _____	Hours needed _____
<input type="checkbox"/> Wednesday Hours _____	Completion date _____
<input type="checkbox"/> Thursday Hours _____	
<input type="checkbox"/> Friday Hours _____	
<input type="checkbox"/> Weekends Hours _____	

## 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\_\_\_\_\_

**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