



Volunteer Interest Form

Contact Information

Date	
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

Please note the days and times you are available for volunteer assignments:

<input type="checkbox"/> Sunday	_____	<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Wednesday	_____		

I prefer:

<input type="checkbox"/> Regular weekly	<input type="checkbox"/> Flexible hours	<input type="checkbox"/> Weekends/Evenings
<input type="checkbox"/> Short-term projects	<input type="checkbox"/> Open-ended projects	<input type="checkbox"/> On-call assignments

Other: _____

Interests

In which areas are you interested in volunteering (select all that apply):

<input type="checkbox"/> Administration	<input type="checkbox"/> Hotline	<input type="checkbox"/> Child Care	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pick-up/deliveries	<input type="checkbox"/> Special Events
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Youth	<input type="checkbox"/> Court Advocacy	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Alcohol and/or
<input type="checkbox"/> Production	<input type="checkbox"/> Coordination	<input type="checkbox"/> Program	<input type="checkbox"/> Services	<input type="checkbox"/> Drug Services	
<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic	Are you currently seeking volunteer hours in order to fulfill the requirements of a degree program or college class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide as an attachment to the Application your school's volunteer requirements.			
<input type="checkbox"/> Violence Outreach Program	<input type="checkbox"/> Violence Shelter				

Other: _____

Special Skills, Education, Qualifications, and Hobbies

Word Excel PowerPoint Publisher Outlook

Foreign Languages: _____ Speak Read Write

Specialized education, training, skills, or hobbies: _____

DV 40 Hour Advocate Training (please provide certificate with Application)



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Previous Volunteer / Work Experience

Summarize your previous volunteer/work experience as it relates to your volunteer interests:

Person to Notify in Case of Emergency

Name:	Relationship:
Contact Phone:	

Volunteer Agreement and Signature

I certify that all statements on this form are true and complete to the best of my knowledge. I hereby authorize the Child & Family Center to investigate any information contained in this application. I understand that as part of the final selection process, depending on the type of volunteer work, I may be required to pass a Tuberculosis test, physical, and/or fingerprinting and background check. I understand that false or misleading statements shall be sufficient grounds for disqualification from the volunteer program. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.

I voluntarily agree to participate in this Volunteer Program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the Child & Family Center or any of their employees. I hereby agree to pay any and all costs incurred as a result of any injury or damage.

I hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 20_____

Name (printed)

Signature

Date

Office use only:

Interview Scheduled: _____ Interviewed by: _____

Position: _____ Start Date: _____

Comments: _____

Background Check Results: _____