



### Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_ (If you prefer not to be contacted at work, please leave blank).

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ If so, where? \_\_\_\_\_

Major: \_\_\_\_\_ Expected month/year of graduation: \_\_\_\_\_

Are you interested in an Internship? \_\_\_\_\_

If yes: # of hours: \_\_\_\_\_ what semester: \_\_\_\_\_

How did you learn about Children and Family Center? \_\_\_\_\_

What services are you interested in providing:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Crisis Hotline | <input type="checkbox"/> Office work/filing | <input type="checkbox"/> Shelter coverage |
| <input type="checkbox"/> Child care     | <input type="checkbox"/> Publicity          | <input type="checkbox"/> Support groups   |
| <input type="checkbox"/> Court advocacy | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Other _____      |

**Please answer the following questions. Use additional sheets of paper if necessary:**

What qualities, special skills, or experiences do you have that would enhance your volunteer contribution to our program? (May include past work experience, volunteer experience, and/or education.):

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Have you ever volunteered with other agencies? What agencies? For how long?:

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What made that experience successful or not successful in your opinion?:

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Why are you interested in volunteering and/or an internship at Children and Family Center?:

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What experience have you had with crisis situations or people in crisis?:

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What do you foresee as being challenging for you about doing this work?:

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How reliable are you? Explain.:

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Everyone has different ways of processing new information and skills. How would you describe your learning style?:

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Languages spoken:

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When would you be able to volunteer? Please fill in the start and end times of your availability in each time slot.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

What date will you be able to begin training?:

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Is there anything else you would like us to know?

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**Thank you for your interest in Children and Family Center!**

Volunteer Coordinator Use Only: Rec'd: \_\_\_\_\_ Background submitted: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_