



# VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**(If under age 18)** Parent Name \_\_\_\_\_ Phone (if different from yours) \_\_\_\_\_

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EMERGENCY CONTACT Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## VOLUNTEER EXPERIENCE

1. Name of Organization \_\_\_\_\_ Date Of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Assigned Duties \_\_\_\_\_

2. Name of Organization \_\_\_\_\_ Date of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Assigned Duties \_\_\_\_\_

## EMPLOYMENT

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title/Position \_\_\_\_\_

Brief description of duties \_\_\_\_\_

*STUDENT*

Name of School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Year Graduating \_\_\_\_\_

AREAS OF INTEREST *(Please check all that apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mentoring        | <input type="checkbox"/> Christmas                      | <input type="checkbox"/> Research             |
| <input type="checkbox"/> Tutoring         | <input type="checkbox"/> Closet O' Stuff                | <input type="checkbox"/> Clerical             |
| <input type="checkbox"/> Teenagers        | <input type="checkbox"/> Make A Difference Day          | <input type="checkbox"/> Writing/Editing      |
| <input type="checkbox"/> Adolescents      | <input type="checkbox"/> Reading Is Fundamental-<br>RIF | <input type="checkbox"/> Art                  |
| <input type="checkbox"/> Younger Children | <input type="checkbox"/> Families with Special<br>Needs | <input type="checkbox"/> Special Events/Field |
| <input type="checkbox"/> All Ages         |   | <input type="checkbox"/> Board/Committee work |
| <input type="checkbox"/> Thanksgiving     |   |   |

SPECIAL SKILLS *(Please check all that apply)*

- |                                   |                                   |                                      |   |
|-----------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Motivate | <input type="checkbox"/> Counsel  | <input type="checkbox"/> Organize    | <input type="checkbox"/> Event Planning _____ |
| <input type="checkbox"/> Teach    | <input type="checkbox"/> Clerical | <input type="checkbox"/> Finance     | <input type="checkbox"/> Other – Please _____ |
| <input type="checkbox"/> Manage   | <input type="checkbox"/> Computer | <input type="checkbox"/> Fundraising | list _____                                    |
|                                   |                                   |                                      | _____   |

*AVAILABILITY*

How often are you interested in volunteering?  Daily  Weekly  Monthly   
Other \_\_\_\_\_

What is the best day and time for you to volunteer? (The agency hours are Monday – Thursday 8:00 a.m. – 8:00 p.m. and Friday 8:00 a.m. to 5:00 p.m.)

Monday  Tuesday  Wednesday  Thursday   
Friday

Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_  
Time \_\_\_\_\_

*BACKGROUND INFORMATION*

How did you hear about The Children’s Center? \_\_\_\_\_

Do you have a previous association with The Children’s Center?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime greater than a minor traffic offense?\*  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony offense?  Yes  No If yes, please explain and provide dates \_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges pending?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been administratively determined by a federal, state and/or local government to have committed abuse or neglect?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

*\*Conviction of a felony will not necessarily render you ineligible for a position, but the nature of the conviction, circumstances and/or the time of occurrence may be considered in processing your application.*

*AUTHORIZATION*

***Please read the following statements:***

- ✓ I have read over my answers and affirm that they are true and accurate to the best of my knowledge.
- ✓ I hereby authorize The Children's Center to inquire and verify any information contained on this application or which I submit as part of this application process.
- ✓ I understand and agree that, if I am selected as a volunteer, the making of any false or misleading statements, including the failure to disclose information as requested, (in this application or during the application process) may result in my volunteer termination at any time.
- ✓ I authorize investigation of all statements contained in this form. I understand that misrepresentation or omission of facts is cause for termination of my volunteer responsibilities.
- ✓ I hereby give approval to be photographed for use in The Children's Center internal and/or external publications/media.

**By signing below, you agree that you have read and fully understand the statements above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

**If applicant is a minor (under age 18) parent/guardian must sign the form.**

I understand that my child is applying to volunteer and I agree to my son/daughter participating in the opportunities provided at The Children's Center. I hereby give approval for my son/daughter to be photographed for use in The Children's Center internal and/or external publications/media. I will be responsible for providing transportation for my son/daughter traveling to and from The Children's Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

During the day(s) and time(s) my child is a volunteer at The Children's Center, I can be reached at:

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Developing Strong Children and Successful Families