



Volunteer

Practicum Student

Date:
Referral Source:
Program you are applying for : (Must be filled in)

Please answer each question completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.**

GENERAL INFORMATION

Name	Social Security No.
Address	Telephone No.
City State Zip Code	E-mail Address

EMPLOYMENT/VOLUNTEER EXPERIENCE

List all of your work experience including military and *voluntary* service assignments. **Start with your present or most recent employment or voluntary designation.** Attach an additional sheet if necessary.

Name & Address of Former Employer	Dates Employed	Position & Duties	Reason for Leaving									
<table border="1"> <tr> <td><i>Company Name</i></td> <td>Phone</td> </tr> <tr> <td>No. & Street</td> <td></td> </tr> <tr> <td>City & State</td> <td>Zip</td> </tr> </table>	<i>Company Name</i>	Phone	No. & Street		City & State	Zip	<table border="1"> <tr> <td>From Mo./Yr.</td> <td>To Mo./Yr.</td> </tr> </table>	From Mo./Yr.	To Mo./Yr.		<table border="1"> <tr> <td>Supervisor's Name</td> </tr> </table>	Supervisor's Name
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Please summarize your job-related skills or specialized training: _____

Are you fluent in any foreign language? Yes No If so, which language(s)? _____

EDUCATION

	High School	College/ University	Graduate/ Professional	Other
School Name				
Diploma/Degree				
Honors Received				
Describe Course of Study				

I N T E R E S T

Indicate the type of volunteer work you are most interested in.

- | | | |
|---|---|---|
| <input type="checkbox"/> With Adults
<input type="checkbox"/> Clerical/Office
<input type="checkbox"/> Transportation | <input type="checkbox"/> With Children
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Delivery/Errands | <input type="checkbox"/> Fundraising
<input type="checkbox"/> Maintenance/Yardwork
<input type="checkbox"/> Other |
|---|---|---|

Briefly explain why you are interested in volunteering at Child and Family Service? _____

List any additional information you would like us to consider. _____

A V A I L A B I L I T Y

Will you be able to volunteer at least 4 hours per week for six months? Yes No

Please indicate the days, times, and number of hours that you would be available:

	Times	Total Hours		Times	Total Hours
Monday:			Friday:		
Tuesday:			Saturday:		
Wednesday:			Sunday:		
Thursday:					

Have you volunteered/interned with CFS before? Yes No If yes, when? _____

On what date are you available to begin? _____

R E F E R E N C E S

Please provide the name and telephone number of three (3) work / personal references who are not related to you. List at least one of your previous supervisors.

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

To be completed by Program: (Must be filled in)

Estimated Start Date: _____ Estimated End Date: _____ Hours per week: _____ Site Supervisor: _____

Program: _____ Position Equivalency: _____

MEDICAL INFORMATION:

Are you able to perform the essential functions of this position with or without reasonable accommodation? _____

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

AUTHORIZATION TO RELEASE INFORMATION

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application or any other materials, or during interviews is grounds for disqualification from further consideration.

I authorize Child and Family Service, and/or its agents in connection with this application, to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if related to the service assignment that I am being, or would like to be, considered for. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Child and Family Service.

A physical examination, driving abstract, and State criminal and FBI background check may be required, and, if required, the costs of such will be reimbursed by CFS. I understand that any voluntary service offer may be withdrawn if I test positive for drugs and/or if condition is discovered for which no reasonable accommodation can be made.

Signature

Date

Please print name

ACKNOWLEDGEMENT

I agree not to assert any claims or causes of action against all persons and corporations supplying this information to the Child and Family Service and/or its agents. A photocopy of this authorization is as effective as the original.

I also understand that as a volunteer/intern/practicum student, I would not be an employee or agent of Child and Family Service. As such, I agree to indemnify and save Child and Family Service from any expenses, including attorney's fees and claims on account of damage of property or bodily injury (including death) which may be sustained by myself in connection with service performed. I also waive any right to payment of wages or Workers' Compensation premiums.

Signature

Date

Please print name