



Application

DATE: _____

REFERRAL SOURCE:

PROGRAM YOU'RE APPLYING FOR:

- VOLUNTEER
 PRACTICUM STUDENT

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 _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

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
Company _____ Address _____ City _____ State _____ Zip _____ Phone _____	From (Mo./Yr.) _____ To (Mo./Yr.) _____	_____ _____	_____ Supervisor's Name: _____
Company _____ Address _____ City _____ State _____ Zip _____ Phone _____	From (Mo./Yr.) _____ To (Mo./Yr.) _____	_____ _____	_____ Supervisor's Name: _____
Company _____ Address _____ City _____ State _____ Zip _____ Phone _____	From (Mo./Yr.) _____ To (Mo./Yr.) _____	_____ _____	_____ Supervisor's Name: _____

Please summarize your job-related skills or specialized training _____

Are you fluent in any foreign language? Yes Language(s) _____ No

EDUCATION

High School

College / University

Graduate / Professional

Other

School Name _____

Diploma / Degree _____

Honors Received _____

Describe Course of Study _____

INTEREST

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

Working with Adults

Working with Children

Fundraising

Clerical / Office

Public Speaking

Maintenance / Yardwork

Transportation

Delivery / Errands

Other

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

List any additional information you would like us to consider _____

AVAILABILITY

Will you be able to volunteer at least 4 hours 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		Times	Total Hours
Monday	_____	_____	Thursday	_____	_____	Saturday	_____	_____
Tuesday	_____	_____	Friday	_____	_____	Sunday	_____	_____
Wednesday	_____	_____						

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

On what date are you available to begin? _____

REFERENCES

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 _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

TO BE COMPLETED BY PROGRAM (must be filled in):

Estimate Start Date _____ Estimated End Date _____ Hours Per Week _____ Site Supervisor _____

Program _____ Position Equivalence _____

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 & 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 & 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 _____

ACKNOWLEDGMENT

I agree not to assert any claims or causes of action against all persons and corporations supplying this information to the Child & 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 & 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 _____