



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Child and Family Guidance Center. Please complete the following application and submit to [Hereforyou@childrenandfamilies.org](mailto:Hereforyou@childrenandfamilies.org). A staff member will be in touch within 3 business days to finalize your volunteer application.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone#: \_\_\_\_\_  
(Cell) (Home) (Work)

Email Address: \_\_\_\_\_

List any medical conditions or allergies: \_\_\_\_\_

### EMERGENCY CONTACT:

Contact #1: \_\_\_\_\_  
(Name) (Phone) (Relation)

Contact #2: \_\_\_\_\_  
(Name) (Phone) (Relation)

### EMPLOYMENT:

Current employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

VOLUNTEER TYPE: (Circle) Individual Service Learning/College High School Community Service  
Church Other Court Ordered Community Service

Offense: \_\_\_\_\_ Nature of offense: \_\_\_\_\_

Are you currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_ Total # of Community Service hours needed: \_\_\_\_\_

Have you ever been convicted of a felony \_\_\_\_\_

What is the date the hours need to be completed by \_\_\_\_\_

### VOLUNTEER AVAILABILITY:

I am interested in volunteering to do: \_\_\_\_\_

I am available: Mon Tues Wed Thu Fri Sat Sun Times: \_\_\_\_\_

I HEREBY CERTIFY THE INFORMATION GIVEN IN THIS APPLICATION TO BE TRUE. I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION. I ACKNOWLEDGE THAT I UNDERSTAND AND WILL COMPLY WITH ALL POLICES AND PROCEDURES OF CHILD AND FAMILY GUIDANCE CENTER.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_