



Today's Date _____

- General Volunteer
- Intern
- Community Service

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: (Home) _____ (Office) _____
 (Cell Phone) _____ (Email) _____

I. Skills and Interest

Education Background: _____

Current Occupation: _____

Hobbies, skills, interests: _____

Previous Volunteer experience: _____

II. Preferences in Volunteering

Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Doing public speaking fundraising, etc. |
| <input type="checkbox"/> Working one-on-one with Parents/Adults | <input type="checkbox"/> Doing research, training or an individual project |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Working occasionally on group projects |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Helping with general administrative duties | <input type="checkbox"/> Co-Facilitate group (Teens, Adult) |
| | <input type="checkbox"/> Other: _____ |

Is there a person or a group with whom you are particularly interested in working with? (Check all that apply.)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Agency Staff |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Males |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Females |
| <input type="checkbox"/> Children | <input type="checkbox"/> Others _____ |

Are there any groups which you would not feel comfortable working with?

- Yes No

If yes please explain: _____



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III. Availability

At what time are you interested in volunteering?

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Saturday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings |

IV. Background Verification

Volunteers over the age of 15 years old are required to obtain a police record check and return it with this form.

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- Yes No

If yes please explain: _____

Please list two non-family references that we might contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Family Life Ed. Volunteer |
| <input type="checkbox"/> United Way | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School |
| <input type="checkbox"/> Family Life Ed. Participant | <input type="checkbox"/> Other: _____ |

Please complete and return to Family Life Education, 39 Grace Street, Hartford CT 06106

CONTACT LOG (Official Use Only)

Date	Form of Contact: phone, mail, letter	Comments	Staff Initial