

Volunteer Application

For Internal Use

fostering, empowering, advocating, together



for children of incarcerated parents

Date Received _____	Start Date _____
Interview Date _____	ID Badge Req. _____
CPIC Status _____	Date Entered into Database _____
Statement of Confidentiality _____	Information rec'd: _____
Orientation Date: _____	Handbook _____ Position Description _____
Termination Date _____	Reason for termination _____
ID Badge Returned _____	Total End Hours of Service _____

Thank you for your interest in volunteering at F.E.A.T. for Children of Incarcerated Parents.

Please check which program you would like to apply for:

- After-school program
- Summer Session Schedule (PT/FT students only)
- Fundraising

PERSONAL INFORMATION

Mr./Mrs./Ms./Miss (Please circle)

First Name: _____ Last Name: _____
Address: _____ Apt: _____
City: _____ Postal Code: _____
Home Phone: _____ Work /Cellphone: _____
Email Address _____

EMERGENCY CONTACT INFORMATION

Mr./Mrs./Ms./Miss (Please circle)

First Name: _____ Last Name: _____
Home Phone: _____
Work/Cell phone: _____
Relationship to individual: _____

GENERAL INFORMATION

Do you have any community service commitments? If yes, how many hours?

- Yes No

Number of hours: _____

How did you hear about volunteering at F.E.A.T.?

Why are you interested in volunteering at F.E.A.T.?

Have you had any related academic/volunteer/practical experience? If so, please describe your experiences below.

Are you fluent in English? Yes No

Do you speak any other languages? _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Please check which one applies to you: work full-time work part-time

Please provide a brief summary of your work history. If you are retired, please indicate former occupation(s):

Please describe previous volunteer experiences (groups, clubs, organizations)

If you are a student, please check which one applies to you:

I am a: full time part-time
 high school college university student

Name of School:

Program:

Year:

AVAILABILITY

Please indicate in the chart below, the hours you are available to volunteer.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Morning</i>							
<i>Afternoon</i>							
<i>Evening</i>							

References

Please list the contact information for two references whom you have known for at least one year that F.E.A.T. can contact. Family members can not be used as references.

Reference 1:

Mr./Mrs./Ms./Miss (Please circle)

First Name: _____ Last Name: _____

Title/Position: _____

Organization: _____

How long have you known this individual: _____

Phone: _____ Email Address _____

Reference 2:

Mr./Mrs./Ms./Miss (Please circle)

First Name: _____ Last Name: _____

Title/Position: _____

Organization: _____

How long have you known this individual: _____

Phone: _____ Email Address _____

VOLUNTEER COMMITMENT (please read the following carefully before signing)

Oath of Commitment and Confidentiality

As a volunteer at F.E.A.T. for Children of Incarcerated Parents I agree to abide by the policies and guidelines in place at F.E.A.T. for Children of Incarcerated Parents.

I understand that volunteering is a responsibility and will fulfill the time commitments that I agree to. I pledge that I will perform to the best of my ability any task that is given to me, to be punctual and conscientious in the fulfillment of my duties and to consider all information which I may hear or learn of through my duties concerning patients/clients and their families, staff, and volunteers as confidential.

Release of Information

I authorize F.E.A.T. for Children of Incarcerated Parents to confirm the references submitted with this application form.

I authorize my name, address, and telephone numbers to be given to the Auxiliary / Association / Volunteer Services of F.E.A.T. for Children of Incarcerated Parents for the means of sharing information and assisting with various events.

Signature: _____ Date: _____