

Volunteer Application



family compass

Note: All information on this form will be kept strictly confidential, and shall be used only in the management of our services and programs.

Please Print (ink only)

Date: _____

First Name: _____ M.I. _____ Last Name: _____

Last 4 Digits of Social Security: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: _____

Cell phone: _____ Other phone: _____

Email address: _____

Physical Limitations: _____

List any languages you speak other than English: _____

List any special skills related to the volunteer position: _____

Occupation: _____ Employer (optional): _____

Employer Match Donations: Y / N or Unsure Employer Grant Volunteer Time: Y / N or Unsure

Emergency Contact: _____ Relationship: _____ Phone: _____

When would you like and are available to do volunteer work?

Weekdays: ___ Evenings: ___ Weekends: ___ Any time: ___

Volunteer Opportunities:

Place an 'X' next to all volunteer categories that you find of interest.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Childcare
<input type="checkbox"/> Event Committees	<input type="checkbox"/> Community Events
<input type="checkbox"/> Supply Drives	<input type="checkbox"/> 3 rd party events

Are you willing to submit to a background check? Y/N

Have you ever been convicted of a misdemeanor or felony? Y / N

If yes, please reference your offense(s) and date of occurrence: _____

Are you volunteering as part of a court-ordered community service? If so, do you require documentation from us?

Please note that Family Compass policy prohibits volunteer service from anyone convicted of a crime against child and/or a violent offense.