



Family Service
Level I Volunteer Candidate Form

Family Service considers applicants for all positions without regard to: race; color; religion; sex; national origin; age; sexual orientation; marital or veteran status; the presence of a medical condition, or handicap, unrelated to performing the tasks of the job; or any other legally protected status.

Personal Information

Name: First (M.I.) Last

Date:

Address: (Street number and name, city, state, zip code)

Email Address:

Telephone Numbers

home:

cell:

work:

Occupation:

Employer/School:

Are you 18 years of age or older? If no, what is your date of birth?

Yes No

Have you ever been convicted of a crime? If yes please provide date(s), township(s), and circumstances

Yes No

(Conviction may be relevant if job related, but does not necessarily bar you from employment.)

Have you ever been adjudged (received a guilty ruling), in a civil or criminal court for abusing a developmentally disabled person or any other person receiving services from the Department of Developmental Disabilities or placed with a community service provider regulated by the Department of Human Services or any other service or community service provider?

Yes No

If yes, please explain:

Are you legally eligible to work in the United States?

Yes No

Do you have a valid driver's license if applicable to the position?

Yes No

Why do you want to volunteer? (please check all that apply)

- Do something good, Court-ordered community service, Meet new people, Use or develop skills unrelated to work, Internship requirements, Company project, Gain experience in a desired field of work, School graduation requirements, Church program requirements, other (please specify)

Availability

How many hours per week do you wish to commit to as a Family Service volunteer?

Please use the grid below to indicate your current availability for a Family Service volunteer assignment:

Table with 8 columns (Time of Day, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday) and 3 rows (morning, afternoon, evening)

Related Background Information

Please list any training, certifications and highest level of education completed.

Please list any paid or volunteer work experience you can apply as a Family Service volunteer.

Please list any skills, interests or hobbies you can apply as a Family Services volunteer.

References

Please supply work, volunteer or personal references. Do not list relatives or household members.

Name	Relationship to You	Company Name	Phone #	Yrs. known
1.				
2.				
3.				

Referral Source

How did you hear about volunteering at Family Service?

Employee _____ Newspaper ad _____
 Family Service website _____ Sent resume _____
 Volunteer website _____ other _____

I hereby give Family Service the right to inquire into my previous employment, education and references; and I release from liability all persons, companies, and corporations supplying such information.

I understand that any false answer, statement, or representation made by me in this application constitutes sufficient cause for termination of employment. I affirm that I have a genuine intent and no other purpose in applying for a job within the Agency. I also understand that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between Family Service and myself for either employment or for the granting of benefits. If an employment relationship is established, I understand and agree that it is not for a definite period of time and I have the right to terminate my employment at any time and that Family Service retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the policies and procedures of Family Service, and the laws of the State of New Jersey.

Volunteer Candidate Signature _____ **Date** _____

Parental Consent

I understand that my child, named above, wishes to be considered for volunteer work at Family Service. I hereby give my permission for him or her to serve, should he or she be accepted by the agency. I understand that my child will be expected to meet all of the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that my child will not receive monetary compensation for services contributed. I understand and give permission for my child to be transported in a Family Service vehicle. If under the age of 12, student volunteer must be accompanied by parent or legal guardian at all times.

Signature of Volunteer Candidate's Parent or Legal Guardian (if under 18) _____ **Date** _____

Relationship to volunteer _____