



VOLUNTEER APPLICATION

We consider applicants for all volunteer positions without regard towards race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Postal Code	
Phone		E-mail Address	
Employer/School:	Phone:	Position:	
Referred By:			

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Diploma		
College/ University			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Graduate/ Professional			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other (CDA, CPR, etc)				Date

LANGUAGES Please indicate any foreign language you can speak, read or write			
Language:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Language:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>

PROFESSIONAL ATTRIBUTES
Please list any professional, trade, business or civic activities and offices held. You may exclude membership which reveals gender, race, religion, national origin, age, ancestry, disability or other protected status:

OTHER
Please describe any job-related training, apprenticeship, skills and extra-curricular activities:

WHAT VOLUNTEER EXPERIENCES ARE YOU LOOKING FOR? Please check all that apply			
Classroom <input type="checkbox"/>	Health <input type="checkbox"/>	Special Needs <input type="checkbox"/>	
Administrative <input type="checkbox"/>	Nutrition <input type="checkbox"/>	Advisory Committee <input type="checkbox"/>	
Social Services <input type="checkbox"/>	Family Support Services <input type="checkbox"/>	Other:	
WHAT TOWN/CENTER WOULD YOU LIKE TO VOLUNTEER AT? Please check all that apply			
West Milford <input type="checkbox"/>	Ringwood <input type="checkbox"/>	Pompton Lakes <input type="checkbox"/>	Wayne <input type="checkbox"/>
Clifton: School 14 <input type="checkbox"/>	Clifton: School 17 <input type="checkbox"/>	Clifton: Board of Education <input type="checkbox"/>	Clifton: Father Mychal Judge <input type="checkbox"/>

WHEN ARE YOU AVAILABLE TO VOLUNTEER? Please enter time of day					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

REFERENCES Please list two professional references	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Applicant's Statement

This application for volunteer shall be considered active for a time not to exceed 30 days. Any applicant wishing to be considered for a volunteer position beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that it is at the sole discretion of the Center for Family Resources to allow the volunteer to continue their volunteer services. In connection with my application to provide volunteer services, I authorize Center for Family Resources to conduct criminal background and reference checks concerning me.

Upon being allowed to volunteer, I understand that false or misleading information given in my application or interview(s) may result in the discontinuance of my ability to volunteer. I understand, also, that I am required to abide by all rules and regulations of the Center for Family Resources.

Signature of Applicant

Date

*** STAFF USE ONLY – HUMAN RESOURCE ASSISTANT NEEDS COPY OF ALL INFO ***					
Orientation Date		Statement of Confidentiality	<input type="checkbox"/>	TB Questionnaire (if applicable)	<input type="checkbox"/>
Building/Classroom		BCI Check (if applicable)	<input type="checkbox"/>	Code of Conduct Form	<input type="checkbox"/>
Supervisor		Background Permission Signature (on application)			<input type="checkbox"/>
Start Date		Thank You Given <input type="checkbox"/>			