



FAMILIES IN CRISIS, INC.
Volunteer Application

Today's date _____ Military? Active Duty Retired Family Member

Name _____

Birthdate ____/____/____

Address _____ Apt.

City _____ State _____ Zip Code

Home Phone _____ Work Phone _____ Cell
Phone _____

Social Security # ___-___-____ Driver's License # _____ Issuing state _____

Do you have your own transportation? _____

Email
address _____

Place of employment

Do you need to complete Community Service Restitution hours? _____

How many? _____

Name of Parole Officer _____ Phone

Are you a student? _____

School _____

Do you need to complete volunteer hours for a class or program? _____

How many? _____

What is the name of the program or class? _____

Please list training, courses, or experience you have that would be helpful/applicable to the agency.

Please list any clubs, organizations, or groups that you are now or have been an active participant and your position or responsibilities with each.

How did you hear about our volunteer program?

Are there any other agencies, groups, programs you currently volunteer with?

FAMILIES IN CRISIS, INC.
Volunteer Application Continued

Please mark the volunteer opportunities that interest you. Community Service Restitution Volunteers are not required to complete this section and are prohibited from areas that involve direct contact with clients.

Landscaping and Lawn Care Language Translator
 Hotline Advocate
 Sexual Assault Victim Advocate *
 Household Donation Assistance

* Additional training is required for this program.

Confidentiality Agreement

Staff Volunteer Board of Directors Student Intern

I, _____ fully understand that any and all information received, either verbally, written, or through case records must be kept in the strictest confidence in accordance with all federal and state rules, regulations and laws. I will not disclose the location of Families In Crisis, Inc. at any time without prior approval from my supervisor. I further understand and agree not to use my position as a volunteer of Families In Crisis, Inc. to obtain or access confidential information. I also agree that confidentiality must be maintained after I have separated from Families In Crisis, Inc.

I understand that the Executive Director, or in the absence of the Executive Director, designated staff member must be notified immediately if a court order is served regarding any program records, residents, nonresidents, shelter center activities or personnel issues.

I also understand fully, that any ramifications that may arise through my neglect will be solely my responsibility and not those of Families In Crisis, Inc.

Printed Name / Signature Date

Volunteer Coordinator Signature Date

Voluntary Background Check

Name _____

Social Security Number _____

Driver's License Number _____

Date of Birth _____

I voluntarily agree to comply with the provision of any information necessary for a background check prior to my volunteer service at Families In Crisis, Inc. If my background check uncovers any form of violent behavior or assault charges, I understand that I will not be able to participate in the agency's volunteer program.

Signature _____

Date _____

**FAMILIES IN CRISIS, INC.
Statement of Receipt**

My signature below indicates I have received, read, and agree to abide by the Volunteer Policies and Procedures for Families In Crisis, Inc.

Volunteer Signature

Volunteer Printed Name

Volunteer Coordinator Signature

Date



Families In Crisis, Inc.

I swear or affirm under penalty of perjury that I fo not now and I have not at any time, either as an adult or as a juvenile:

Been convicted of;

1. Plead guilty to (whether or not resulting in a conviction);
2. Plead nolo contendere or not contest to;
3. Admitted;
4. Had any judgement or order rendered against me whether by default or othgerwise;
5. Entered into any settlement of an action or claim of;
6. Had any license, certification, employment or volunteer position suspended, revoked, terminated, or adversely affected because of;
7. Been diagnosed as having or have been treated for any mental or emotional condition arising from;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for, or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law or any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor
6. Molestation of a child
7. Lewdness or indecent exposure
8. Lewd and lascivious behavior
9. Obscene or pornographic literature, photographs or videos;
10. Assault, battery, or anyviolent offense involving a minor;
11. Endangerment of a child;
12. Any misdemeanor or other offense classification involving a minor to which a minor was a witness;
13. Unfitness as a parent or custodian;
14. Removing children from a state or concealing children in violation of a court order;
15. Restrictions or limitations on contact or visitations with children or minors;
16. Any type of child abduction; or
17. Similarly or related conduct, matters, or things.

Except the following (list all incidents, locations, description, and date) (if none, write NONE) I authorize FIC to conduct a State & Federal criminal background check.

Printed Name

Date

Signature

Date