



CENTER FOR FAMILY PRESERVATION

www.PreserveFam.org

STRENGTHENING DEVELOPING SUSTAINING FAMILIES

Volunteer/Intern/ Community Service/ Service Learning Application

Application Date: _____

____ Intern ____ Community Service ____ Volunteer ____ Service Learning

PERSONAL INFORMATION

Full Name

Date of Birth

Address

City, State – Zipcode

(____) _____
Cell Phone

(____) _____
Home Phone

(____) _____
Business Phone

E-MAIL ADDRESS

Do you have a driver's license? Yes _____ No _____ If yes, what State: _____

Driver's License #: _____ Do you have access to a vehicle? _____

VOLUNTEER QUESTIONNAIRE

Have you ever served as a volunteer before? Yes _____ No _____ If yes, where? _____

Department(s) or area(s) of interest: _____

How did you hear about the Center for Family Preservation?

Have you ever worked/volunteered for CFFP? Yes _____ No _____

Do you have family or friends employed by CFFP? Yes _____ No _____ If Yes, Name: _____

Volunteer availability: **Number of Days per week available:** _____ **Hours per week available:** _____

Circle Days You're Available: Monday Tuesday Wednesday Thursday Friday Weekends

EDUCATION & EMPLOYMENT QUESTIONNAIRE

Are you a student? Yes _____ No _____ Will you receive volunteer or service learning credit? _____

What is your highest level of education obtained? _____

Name of School & Course of Study: _____

of Years Completed? _____ Did you Graduate? _____ Degree or Diploma Earned: _____

Degrees/Certificates/Special Trainings: _____

Are you employed? Yes _____ No _____ If yes, where do you work? _____

What do you do for work? _____

May we contact your current or previous employer(s)? Yes _____ No _____

List past 3 employers (paid/ unpaid) & contact person/ reference.

Employer	Job Title	Contact Person	Phone Number OR Email

Do you speak a foreign language? Yes _____ No _____ If yes, which language? _____

Do you have any special skills or hobbies? Yes _____ No _____ If yes, what are they? _____

IN CASE OF EMERGENCY

EMERGENCY CONTACT (1): _____ **RELATIONSHIP:** _____

ADDRESS: _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

EMERGENCY CONTACT (2): _____ **RELATIONSHIP:** _____

ADDRESS: _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

PHOTO LIABILITY RELEASE

I hereby grant the Center For Family Preservation, Corp (CFFP) permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the (Name of Organization) and will not be returned. I hereby irrevocably authorize the CFFP to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the CFFP from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY MY SIGNATURE BELOW. I ACCEPT:

Print Name: _____ **Signature:** _____ **Date:** ___ / ___ / ___