

**FRIENDS OF
CHILDREN AND
FAMILIES**

How To Become A FRIENDS Volunteer

Are you at least 18 years old or older?

DO you have 1-9 hours a month to dedicate to youth in care whom have experienced trauma and neglect?



Are you looking to make a difference in the lives of young males and females ages 13-18?



Here are some ways you can get involved!
Mentoring ~ Arts and Crafts ~ Teaching a skill ~
Tutoring



For more information about the Friends of Children and Families Volunteer Program visit our site at www.friendsofchildrenandfamilies.org



VOLUNTEER/INTERN APPLICATION

Last Name	First	MI	Home Phone	Today's Date
Street Address			Volunteer/Internship work desired	
City	State	ZIP	Please indicate whom we should contact in an emergency? Phone:	

Have you ever been employed with FRIENDS? _____ When? _____ In what capacity? _____

Have you been a volunteer at FRIENDS before? _____ When? _____

Have you ever been arrested for any reason, including DUI? () Yes () No If yes, please explain :

Have you ever been convicted of a crime? () Yes () No If yes, please explain: _____

Do you possess a valid Florida driver's license? () Yes () No

Have you had any driving violations in the past three years? () Yes () No If yes, how many? _____

Please explain: _____

Residence Address for the past three (3) years

Address: _____
 Street City State Zip Length of Residency

Address: _____
 Street City State Zip Length of Residency

Address: _____
 Street City State Zip Length of Residency

Volunteer/Intern Data:

In what areas would you like to volunteer/intern? _____ How many hours per week? _____

What days are you available? _____ Date available to begin volunteer/intern work: _____

Is this in connection with a class assignment? _____ If yes, please give details, including school, instructor, class requirements to be completed, and dates of service anticipated:

Please list any relevant training, special skills, or education for the type of volunteer/intern position you desire:



Please list any relevant work or volunteer experience that has prepared you for this volunteer/intern position:

References

Please list three references not related to you who would be willing to speak on your behalf .

Name	Title/Relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

In your own words, please state why you want to volunteer/Intern at FRIENDS and what you hope to achieve:

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please inquire before signing).

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteer/intern work at FRIENDS and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned volunteer/intern applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure volunteer/intern work shall be grounds for rejection of this application and I will not be eligible for volunteer/intern work.

_____ I hereby authorize FRIENDS to thoroughly investigate my references, conduct a criminal background check, including a local law enforcement background screening as well as a Federal Department of Law Enforcement background check, and other matters related to my suitability for volunteering/interning.

_____ If the volunteer/intern position applied for involves driving, I understand that I will be required to possess a current and valid Florida Driver's License and understand that I will be required to provide a copy of my driving record and proof of insurance.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Volunteer Signature

Date