



BREAKING THE CYCLE OF VIOLENCE • FOSTERING HOPE & HEALING

Family Sunshine Center

Volunteer Application

Volunteer Profile			
First Name	Middle Name	Last Name	Application Date
Mailing Address	City, State	Zip Code	County
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address
Date of Birth mm/dd/yyyy		Emergency Contact Name & Phone Number	
Student <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Education Level	
Children Living at Home Name _____ Age _____ _____ _____ _____ _____		<input type="checkbox"/> Less than High School <input type="checkbox"/> College Graduate <input type="checkbox"/> Some High School <input type="checkbox"/> Technical School Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Attended College <input type="checkbox"/> Doctorate/Prof. Degree	
		Employment Status	
		<input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Working Full Time <input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Working Part Time <input type="checkbox"/> Retired	
		Current Employer	
		Job Title	
Volunteer Skills/Preferences			
Availability <input type="checkbox"/> Week Days <input type="checkbox"/> Week Nights <input type="checkbox"/> Weekends	# of Hours Available: _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month	American Sign Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Language <input type="checkbox"/> Yes <input type="checkbox"/> No Languages Spoken _____ _____
Own/Have Access to a Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Own/Have Access to a Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to Make Deliveries <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License Number	Driver's License State	Auto Make/Model	License Plate Number
Areas of Interest <input type="checkbox"/> Client/Victim Transportation <input type="checkbox"/> Intern <input type="checkbox"/> Court Advocate Volunteer <input type="checkbox"/> Library Current GPA _____ <input type="checkbox"/> 24-Hour Crisis Line <input type="checkbox"/> Maintenance <input type="checkbox"/> Family Friend Mentor <input type="checkbox"/> Clerical <input type="checkbox"/> Field Trips <input type="checkbox"/> Computer Work <input type="checkbox"/> Group Volunteer <input type="checkbox"/> Prevention Education <input type="checkbox"/> Holiday Activities <input type="checkbox"/> Professional Volunteer <input type="checkbox"/> Receptionist <input type="checkbox"/> Shelter Management <input type="checkbox"/> Shelter Receptionist <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Special Events <input type="checkbox"/> Therapeutic Child Care <input type="checkbox"/> Donation Pick-up or Delivery <input type="checkbox"/> Board or Council Member			

Volunteer Skills/Preferences Continued

List previous volunteer work.

List special skills, training or experience that may be applicable to work with the Family Sunshine Center.

Are there any special accommodations needed for you while volunteering with the Family Sunshine Center?

Why do you want to volunteer with the Family Sunshine Center?

What life experiences have you had that you feel will benefit your work with the Family Sunshine Center?

References: *Complete mailing address required.*

Name	Street Address	City, State	Zip	Phone
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Have you previously been involved with the Family Sunshine Center?

Yes No

If no, Where did you hear about the Family Sunshine Center Volunteer Program?

Volunteer Signature

I certify that information/answers given herein are true and complete to the best of my knowledge. I consent to and authorize the Family Sunshine Center and its employees to complete reference checks by contacting and obtaining information from the references provided above. I also hereby release the Family Sunshine Center and its employees from all liability for damages or claims, which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Signature

Date

Please print and complete this form, sign & date, and return it to:
Volunteer Coordinator
Family Sunshine Center
P.O. Box 5160, Montgomery, AL 36103
or FAX to 334.206.2111