



Volunteer Application

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____
(mm/dd/yyyy)

I prefer to be contacted by Cell Phone Home Phone Email Text

Volunteer Skills/Preferences

What is your availability?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times Available: _____

Number of hours available to work _____ per Week Month

Do you speak and/or write any other languages than English? Yes No

If yes, describe: _____ Do you know American Sign Language? Yes No

Do you have access to or own a car? Yes No A truck Yes No

Are you willing to make pickups or deliveries? Yes No

Driver's license (include state and number) _____

Skills and Experience (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> 24-Hour Crisis Resource Hotline | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Therapeutic Child Care |
| <input type="checkbox"/> Client/Victim Transportation | <input type="checkbox"/> Group Volunteer | <input type="checkbox"/> Intern
Current GPA: _____ |
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> Holiday Activities | <input type="checkbox"/> Board or Council Member |
| <input type="checkbox"/> Court Advocate Volunteer | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Change Champions |
| <input type="checkbox"/> Donation Pick-up or Delivery | <input type="checkbox"/> Outreach Events | <input type="checkbox"/> Professional Volunteer |
| <input type="checkbox"/> Family Friend Mentor | <input type="checkbox"/> Prevention Education | |
| | <input type="checkbox"/> Receptionist | |
| | <input type="checkbox"/> Shelter Central Office | |

Please summarize any special skills and training you may have acquired from employment, previous volunteer work, or through other activities, including hobbies.

Please list previous volunteer work.

Have you ever received services from Family Sunshine Center? Yes No

If yes, how long ago? _____

Are there any special accommodations needed for you while volunteering with FSC?

Yes No If yes, describe: _____

Have you ever volunteered with us before? Yes No If yes, when: _____

References

Please provide the name, contact information and relationship to you of three personal or professional references that we may contact for additional information.

Name	Phone	Email	Relationship to Volunteer

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 mail to: Volunteer Coordinator
Family Sunshine Center P.O. Box 5160, Montgomery, AL 36103
OR email to volunteer@familysunshine.org OR FAX to 334.206.2111