



Family Service

OF THE PIEDMONT

VOLUNTEER APPLICATION - PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Primary Contact #: _____ Secondary # _____

Email: _____ Date of Birth: _____

If you would like to inform us of your pronoun(s), please feel free to do so here (not required): _____

How did you hear about us? _____

Place of employment (if applicable): _____

Is there any possible professional conflict of interest? Yes, or, No

If yes, please provide additional information: _____

Highest level of education: Some High School High School degree/GED

Some College College Graduate, List Degree(s): _____

Master's Level and/or Ph.D., List Degree(s): _____

Why would you like to be a volunteer? _____

Do you have any previous volunteer experience? Yes No

If yes, please describe: _____

What is your general availability? Mon _____ Tues _____
Wed _____ Thurs _____ Fri _____

Earliest date available and any other schedule considerations you would like to advise us of: _____

Which of the following are your preferred service areas? Feel free to check multiple areas: Fundraising Donation Drive Outreach/Education
 Adult Victim Advocacy Crisis Line Services DVIP
 Children's Advocacy Center Shelter Services
 Other type of service project...please provide details here: _____

If you are seeking to be a part of a program that entails direct client contact, are you able to commit to a minimum volunteer service period of 4 months, with an ongoing schedule of at least 10 hours per week, Mon - Fri, 8:30am - 5:00pm? Yes No (some exceptions may occur)

Do you have any special skill(s) you would like to tell us about? _____

Do you speak any languages other than English? Yes No
If yes, please specify: _____

What types of hobbies/area of interest do you maintain? _____

Do you have any major "no-nos"? For example...no public speaking: _____

Have you ever been employed by family service of the piedmont Inc.?
 Yes, if yes list date range: From _____ to _____, or, No

Have you ever been convicted of a criminal offence other than a minor traffic violation? No Yes. If yes please explain: _____

A conviction record will not necessarily be a bar to volunteerism. Factors such as the nature and seriousness of the offense; the time that has passed since conviction and/or completion of sentence; and the nature of the job sought will be taken into account. A criminal background check will be performed on all applicants.

FAMILY SERVICE OF THE PIEDMONT, INC. DRUG/ALCOHOL POLICY:

Family Service of the Piedmont Inc. is committed to providing a safe workplace and establishment of programs promoting high standards of employee health. Consistent with these commitments, we maintain a comprehensive policy with respect to alcohol and drug use. The agency reserves the right to request a drug test of any Family Service of the Piedmont Inc. employee, intern, and/or volunteer. We are a drug free facility and intend to remain that way. Applicants who do not meet our standards need not apply.

EQUAL OPPORTUNIT EMPLOYMENT POLICIES:

It is the continuing policy of Family Service of the Piedmont, Inc. to afford equal employment, transfer and promotion opportunity to all qualified applicants and employees regardless of race, color, national origin, age, sex, religion, able-bodiedness, genetic information, sexual orientation, sexual preference, gender preference, gender identification, or any other protected category and to conform to applicable employment laws and regulations.

CERTIFICATION AND AUTHORIZATION:

I hereby certify that all of the statements contained in this application or accompanying forms are true and complete. I understand that any volunteer offer is conditioned on: completion of the application process; an interview; a successful background check; and the current service needs of Family Service of the Piedmont Inc. I hereby authorize the Agency to investigate all statements contained in my application or accompanying forms, and to contact any needed references. I understand that any false statements or omissions or misrepresentations will constitute sufficient cause or reason for either refusal to offer a volunteer placement or termination from an existing volunteer placement.

I understand, acknowledge and agree that unless otherwise expressly agreed to in writing and signed by a duly authorized official of the Agency, if volunteer position is offered by Family Service of the Piedmont, Inc., my position will be at will and without fixed term, and that either of us may terminate the position at any time with or without prior notice and with or without cause.

Applicant's Signature

Date



REFERENCES: 2 PROFESSIONAL & 1 PERSONAL

1) Name: _____
Address: _____
Contact Number(s): _____
Email (if preferred): _____
Relationship: _____

2) Name: _____
Address: _____
Contact Number(s): _____
Email (if preferred): _____
Relationship: _____

3) Name: _____
Address: _____
Contact Number(s): _____
Email (if preferred): _____
Relationship: _____

FOR OFFICE USE ONLY - REFERENCE RESULTS: CONTACT DATE & OUTCOME INFORMATION:	
#1	_____
#2	_____
#3	_____



CONFIDENTIALITY ASSURANCE STATEMENT

I, _____ understand that should I be offered, and accept, a volunteer position that I will have access to confidential information about the clients of Family Service of the Piedmont, Inc. I understand that I will be held to requirements governing confidentiality, for which I will be required to complete relevant training, and, will have access to the Personnel Manual and Policy & Procedures Manual. I agree that I will comply with these requirements by keeping all information learned/observed about clients strictly confidential. I also understand that there can be civil penalties and disciplinary action, including termination, for improper release or disclosure of confidential information.

I have read and understand the information above governing confidentiality.

Applicant's Signature

Date

Agency Witness Signature

Date



Disclosure and Authorization to Request Information

Please type or print legibly

NAME (First, Middle, Last) _____

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP _____

FIRST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP _____

SECOND PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP _____

APPLICANT SOCIAL SECURITY NUMBER _____ — _____ — _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED _____

I hereby authorize the Consumer Reporting Agency (CRA), to verify my past and present driving records, education records, and professional credentials. I further authorize the Consumer Reporting Agency (CRA) to perform a criminal records search.

I understand that the Consumer Reporting Agency (CRA) does not guarantee the accuracy or timeliness of the information obtained from other sources, and that the Consumer Reporting Agency (CRA) will not be liable for any inaccuracy in the information obtained from other sources that is included in the consumer report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to a Consumer Reporting Agency (CRA) and I hereby release and hold harmless the Consumer Reporting Agency (CRA), my current and former employers, as well as other organizations who have provided information in connection with my consumer report.

Consumer Disclosure

I understand that a pre-employment consumer report may be obtained from a Consumer Reporting Agency (CRA) for employment purposes.

APPLICANT'S SIGNATURE _____ DATE _____

To be completed by Supervisor

Name _____

Program _____

Date _____