



Florence Crittenton

Volunteer Services Department

CONFIDENTIAL VOLUNTEER APPLICATION

Date _____

Personal Information

Last Name _____ First Name _____

Address _____ Apt # _____

City _____ State _____ ZIP _____

Phone (w) _____ May we contact you at work? Yes No

(c) _____ (h) _____

Email _____

*** Volunteers and/or Interns working directly with our clients must be at least 21 years of age.**

Male Female Date of Birth _____

Demographic information requested by our funders:

Race/Ethnicity

_____ African American _____ Asian American _____ Caucasian _____ Latino

_____ Native American _____ Pacific Islander _____ Multi-ethnic _____ Other

Age Group

_____ *14 through 20 _____ 21 through 39 _____ 40 through 59 _____ 60 +

* Volunteers at Flo's on 7th may be 14 years of age

SECTION I

Statistical Information * For Internal Statistical Purposes Only

All volunteers will be considered impartially and without bias of race, religion, sex, age, national origin, physical impairment, or sexual preference.

Marital Status* _____ Single _____ Married

Education* ___ High School ___ Some College ___ GED
 ___ Undergraduate Degree ___ Graduate Degree ___ Other
 Major and Degree _____

Primary Language* ___ English ___ Spanish ___ Signing ___ Other
 Secondary Language* ___ English ___ Spanish ___ Signing ___ Other

SECTION 2

Areas of Interest

Volunteers may choose to provide services in Florence Crittenton’s Residential Program, Transitional Living Homes, our administrative offices, or at Flo’s on 7th (our resale store). As a mentor, volunteers will serve in a highly structured mentoring program. Please check areas of interest.

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative Aide | <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Flo’s on 7 th Resale Store | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Friend of Florence Crittenton | | |

Please provide a description of the services you would like to provide to Florence Crittenton _____

Are there populations, client groups or situations with which you prefer not to work? Yes No

If yes, please describe _____

SECTION 3

Employment and/or Education

Employment Status Full Time Part Time Not Employed Retired

Name of Employer _____

Position & Job Description _____

If a student, name of school _____

Address _____

City _____ State _____ Zip _____ Phone _____

Brief description of additional work experience/history _____

SECTION 4

Volunteer Experience

List volunteer experiences:

Organization	City/State	Position/Responsibility	Dates of Service

Current community activities, memberships, etc. _____

Brief description of cross-cultural experience _____

Brief description of hobbies, interests, skills, and areas of training/expertise _____

Have you applied for a job or volunteered with Florence Crittenton in the past? Yes No

If yes, please describe _____

Date available to begin volunteering/interning _____

Day/time available Mornings Afternoons Evenings Weekdays Weekends

SECTION 5

Referral

Referred by Flyer Friend Internet Newspaper
 Colleague Professor School Other _____

SECTION 6

Criminal History

Have you ever been arrested or convicted of a crime (including a DUI)? Yes NO

If yes, please describe _____

Have you ever been convicted of neglect, abuse or substance dependency? Yes No

If yes, please describe _____

Do you have a valid driver's license? Yes No License Number _____
Expiration Date _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please describe _____

Do you currently hold a Department of Public Safety fingerprint card? Yes No
If so, please provide the card number and expiration date.

Card # _____ Expiration Date _____

SECTION 7

References

List three (3) personal references. If you are employed, one reference should be from your employer. **Please do not list relatives or anyone living in the same household with you.**

Name _____ Daytime Phone _____

Relationship _____

Name _____ Daytime Phone _____

Relationship _____

Name _____ Daytime Phone _____

Relationship _____

I, _____, hereby affirm that all of the answers provided on my application are true. I understand that misrepresentations or omission of facts called for is cause for dismissal. I hereby authorize Florence Crittenton to investigate my background and to contact the above given references for the purposes of determining my suitability as a potential volunteer/intern.

Signature: _____ Date: _____

Please submit your completed application to:

**Volunteer Services Department
Florence Crittenton
715 W. Mariposa Street, Phoenix, AZ 85013
FAX - 602-274-7549**