



VOLUNTEER APPLICATION FORM

Thank you for your interest in the Family Justice Center! We value our volunteers and appreciate the time they commit to the Center. Please complete the application and submit it to our Community Education and Outreach Coordinator.
(See contact information on page 2.)

PLEASE PRINT IN BLACK INK

NAME:			
Last	First	Middle	Suffix

VOLUNTEER POSITION APPLYING FOR: (Please mark all that apply)
<input type="checkbox"/> Guest Care Volunteer <input type="checkbox"/> Children's Room Volunteer <input type="checkbox"/> Administrative Volunteer <input type="checkbox"/> Special Projects/Events Volunteer <input type="checkbox"/> Intern
(If Applying for the volunteer position of Chaplain, Associate Chaplain, or Honorary Chaplain, please ask our Community Outreach Coordinator for a Chaplain Application)

THE FOLLOWING INFORMATION IS CONFIDENTIAL

MAILING ADDRESS:		
Street	Apt/Unit or PO Box	
City	State	Zip Code

HOME NUMBER: ()	CELL PHONE NUMBER: ()
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E-MAIL ADDRESS:

What is the best way to contact you (Please Circle)?	HOME	CELL	E-MAIL
What is the best time of day to contact you (Please Circle)?	Morning	Afternoon	Evening

ARE YOU OVER 18? (Please Circle) YES	NO	Date of Birth:
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BACKGROUND CHECK: A background check is required to volunteer at the Family Justice Center.
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LANGUAGE PROFICIENCY: List language skills, other than English, you have and your level of proficiency speak, read, write, etc.)

Language:	Level of Proficiency:
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LEVEL OF EDUCATION: Please list your highest level of education and any degrees, certifications, of licenses held.

REFERENCES		
List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the volunteer position for which you are applying.		
Reference One: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone
Reference Two: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone
Reference Three: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone

Pre-Interview Information

1. Have you used illegal drugs in the last three (3) years? Y N
2. Have you been arrested for any crime in the last 10 years? Y N
3. Have you been involved in any illegal activity that would disqualify you as a volunteer? Y N
4. How many hours are you able to volunteer per month?
Please Circle: 5 10 10+ Other (Please List)_____

If you answered (Y) yes to any of the above please explain:

CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a volunteer position with the Family Justice Center of Hillsborough County.	
Signature	Date

Please mail or hand-deliver application to:

9309 N. Florida Ave., Suite 109, Tampa, FL 33612. If you have questions or would like to email the application, please send to: outreach@fjchc.org

ADMINISTRATION						
First Position:			Second Choice:			
Day(s) able to volunteer:	Mon	Tue	Wed	Thur	Fri	Sat
Shift able to volunteer:	8:30am - 12:30pm		12:30pm - 4:30pm		4:30pm-8pm	
Other:						

FOR FJC USE ONLY	
Application Received:	Application Entered:
Application Reviewed:	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept:	
<input type="checkbox"/> Interviewed <input type="checkbox"/> Background packet <input type="checkbox"/> Background checked <input type="checkbox"/> Assigned to Academy <input type="checkbox"/> Assigned to Position	