FAMILY & COMMUNITY RESOURCES INC VOLUNTEER APPLICATION

Name:	Pho	one:		
Email:				
Mailing Address:				
What depa	artment or volunteer opportunities are you int Programs and Services **Requires 25Hr Tra Visitation Services Teen Healthy Relationships Mental Health Services Domestic Violence Fundraising & Events Education and Outreach Childcare Assistant Marketing/Social Media Skill-Based Volunteering Administrative Support Project-Based Volunteering Internship Opportunity Corporate or School Based Group Opportun	aining**		
	Other:			

What hours during the week are you currently available? (Circle or highlight all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/ Sunday
Morning	Morning	Morning	Morning	Morning	Morning
(8am-noon)	(8am-noon)	(8am-noon)	(8am-noon)	(8am-noon)	(8am-noon)
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
(noon-4pm)	(noon-4pm)	(noon-4pm)	(noon-4pm)	(noon-4pm)	(noon-4pm)
Evening	Evening	Evening	Evening	Evening	Evening
(4pm-8pm)	(4pm-8pm)	(4pm-8pm)	(4pm-8pm)	(4pm-8pm)	(4pm-8pm)

Volunteer remotely (virtual) only ?	Yes	No				
How did you hear about FCR?						
What languages do you speak?						
Do you have any physical limitations that we should be aware of?						

Do you have your own transportation? Yes No
Are you currently employed or a student? If so, where?
Do you have any special skills that you would be willing to share with our clients/community?
Why would you like to be a part of our intern/volunteer community?
What do you hope to gain from this experience?
Do you have any prior training or experience with domestic violence, mental health, youth development, or counseling ?
Do you have any previous volunteer experience?
What is your greatest strength and how will it help you in your role here at FCR?
What does confidentiality mean to you?
Describe your history in working with people from diverse backgrounds and life experiences:

1. Personal Reference: (no relatives, please)

Name:	
Address:	
Phone:	
Relationship:	
2. Work/Business Reference:	
Name:	
Address:	
Phone:	
Relationship:	

Signature of Applicant

Date