



VOLUNTEER APPLICATION

DATE _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY # _____		BIRTH DATE _____	SEX _____
HOME PHONE _____		WORK PHONE _____	
CELL PHONE _____		E-MAIL _____	

EDUCATION	
HIGH SCHOOL _____	GRADE COMPLETED _____
COLLEGE/UNIVERSITY _____	YEARS COMPLETED _____
COURSE OF STUDY _____	DEGREE(S) _____
GRADUATE/PROFESSIONAL _____	YEARS COMPLETED _____
COURSE OF STUDY _____	DEGREE(S) _____

EMPLOYMENT INFORMATION	
CURRENT EMPLOYER _____	
ADDRESS _____	
JOB TITLE _____	YEARS OF EMPLOYMENT _____

HAVE YOU EVER BEEN EMPLOYED BY CENTER FOR FAMILY SERVICES? YES NO

INTERESTS, SPECIAL SKILLS, HOBBIES _____

HAVE YOU EVER DONE VOLUNTEER WORK? _____ IF YES, WHERE AND WHEN _____

VISIT WWW.CENTERFFS.ORG FOR INFORMATION ON VOLUNTEER POSITIONS

VOLUNTEER WORK WITHIN CENTER FOR FAMILY SERVICES

AREAS OF INTEREST (PLEASE VISIT WWW.CENTERFFS.ORG FOR A LIST OF CURRENT VOLUNTEER NEEDS) :

IN WHAT CAPACITY ARE YOU AVAILABLE TO VOLUNTEER? (CIRCLE ONE) LONG TERM SHORT TERM

APPROXIMATELY HOW MUCH TIME CAN YOU GIVE? WEEKLY _____ MONTHLY _____

AVAILABLE TIMES (PLEASE CIRCLE ALL THAT APPLY) DAYS EVENINGS WEEKENDS

DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

REFERENCES	ADDRESS	PHONE NUMBER	RELATIONSHIP TO APPLICANT

PLEASE FAX OR MAIL COMPLETED APPLICATION TO THE ATTENTION OF KELLY CARLUCCI

FAX: (856) 964-0242

ADDRESS: CENTER FOR FAMILY SERVICES, 584 BENSON STREET, CAMDEN, NJ 08103