



## Volunteer Application

DATE \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS		CITY	STATE ZIP
SEX _____	UNDER 18: YES NO	IF YES PLEASE LIST AGE: _____	PREFERRED PHONE _____
SECONDARY PHONE _____		E-MAIL _____	

EDUCATION	
HIGH LEVEL OF EDUCATION _____	YEARS COMPLETED _____
COURSE OF STUDY _____	DEGREE(S) _____

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

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

HAVE YOU EVER BEEN A CLIENT OF CENTER FOR FAMILY SERVICES?      YES      NO

INTERESTS, SPECIAL SKILLS, HOBBIES \_\_\_\_\_

HAVE YOU EVER VOLUNTEERED BEFORE? \_\_\_\_\_ IF YES, WHERE AND WHEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

APPROXIMATELY HOW MUCH TIME CAN YOU COMMIT? WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

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

DO YOU HAVE YOUR OWN TRANSPORTATION?                      YES                      NO

REFERENCES	ADDRESS	PHONE NUMBER	RELATIONSHIP TO APPLICANT

PLEASE FAX OR MAIL COMPLETED APPLICATION TO THE ATTENTION OF ANNE DUKLEWSKI  
FAX: (856) 494-1442, ADUKLEWSKI@CENTERFFS.ORG  
ADDRESS: CENTER FOR FAMILY SERVICES, 584 BENSON STREET, CAMDEN, NJ 08103

**Please read this carefully before signing:**

We appreciate your interest in becoming a volunteer with CFS. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let us confirm all information listed. If selected, I will follow the rules of the program and be a dedicated volunteer.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)