



Center For Family Services  
APPLICATION FOR A VOLUNTEER POSITION

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

**VOLUNTEER WORK WITHIN CENTER FOR FAMILY SERVICES**

WHICH AREAS ARE YOU INTERESTED IN VOLUNTEERING FOR CENTER FOR FAMILY SERVICES? PLEASE CIRCLE ALL THAT APPLY.

- |                                    |                           |                            |
|------------------------------------|---------------------------|----------------------------|
| ADMINISTRATIVE/CLERICAL            | TUTORING                  | CHILD CARE ACTIVITIES      |
| THRIFT SHOP WORKER                 | VICTIMS OF SEXUAL ASSAULT | MENTORING                  |
| RESIDENTIAL ACTIVITIES COORDINATOR | COMMUNITY SERVICE         | SPECIAL EVENTS/FUNDRAISERS |
| CHILD ASSAULT PREVENTION           | HOTLINES                  | CHILD/ADOLESCENT SERVICES  |

DETAILS ON AREAS OF INTEREST (OPTIONAL): \_\_\_\_\_

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 FAX: (856) 964-1442  
MAILING ADDRESS: CENTER FOR FAMILY SERVICES, 584 BENSON STREET, CAMDEN, NJ 08103**