



Child and Family Resource Council

Volunteer Profile

Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail Address _____

I would like to receive information on volunteer opportunities via email: Yes No

Date of Birth _____ Social Security # _____

Preferred Contact Location: Home Work Valid Drivers License: Yes No

Do you have your own transportation? Yes No

Emergency Information

Special Medical needs/conditions _____

Emergency procedures (if applicable) _____

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Other Phone _____

Address _____

City _____ State _____ Zip Code _____

Education/Experience

Highest level Completed _____ Location _____

Occupation _____

How did you hear about the Child and Family Resource Council? _____

Why are you interested in volunteering for the Council? _____

What is your availability to volunteer?

- Monday Hours_____
- Tuesday Hours_____
- Wednesday Hours_____
- Thursday Hours_____
- Friday Hours_____
- Weekends Hours_____
- I can be contacted on an as-need basis

Previous Volunteer Experience _____

Interests: (Please mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Working with children on projects | <input type="checkbox"/> Layout/ writing newsletters |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Using the copy machine | <input type="checkbox"/> Making calls/ Answering phones |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Attention to detail work | <input type="checkbox"/> Reading (newspapers, etc.) |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Representative for the Council |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Creative memories/ scrap booking |
| <input type="checkbox"/> Stuffing, sealing, etc. | <input type="checkbox"/> Teaching/ training |
| <input type="checkbox"/> Internet research | |

Skills: (Please mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Access | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Writing Articles/ Press Releases |
| <input type="checkbox"/> PageMaker/ In Design | <input type="checkbox"/> Training |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Using Copy Machine |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Translation (English to Spanish) |
| <input type="checkbox"/> Child development knowledge | |

Would you be interested in helping out in special events throughout the year? (i.e. Advocacy Training, Service to Children Awards, etc.)

Yes No

What other specific skills, experience and/or resources can you offer the Child and Family Resource Council?

References:

Name _____ Title _____

Organization Name _____

Address _____

Telephone _____

Personal Professional

Name _____ Title _____

Organization Name _____

Address _____

Telephone _____

Personal Professional

Have you ever been convicted of a crime?

Yes No

Please explain when, where and the nature of the offense below:

Are there any felony charges against you currently?

Yes No

Equal Employment Opportunity

Note: We are requesting EEO information on a voluntary basis. The purpose of requesting this information is to monitor our effectiveness in attracting minorities. The information collected is confidential. **Check how you would designate yourself racially (as defined by the EEOC):**

- White**
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, South American, or other Spanish Culture or origin, regardless of race.
- Black** (not of Hispanic Origin)- a person with origins in any of the Black racial groups of Africa who is also not of Hispanic origin.
- Asian or Pacific Islander**- a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.
- Native American or Alaskan Native**- A person with origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

APPLICANT’S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to relay information they may have regarding my character and fitness for work on behalf of children. I also give permission to check my criminal history with the Michigan State Police. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I wave any right that I have to inspect references provided on my behalf.

Applicant’s Signature _____
Date

Witness _____
Date