

Children & Families First
2005 Baynard Boulevard, Wilmington, DE 19802
302-777-9762, 302-658-5107 (fax)
Email: Kathie.stamm@cffde.org

VOLUNTEER/INTERN INTEREST FORM

Name _____ Month/Day of Birth _____

Address _____ Home phone _____

City _____ State _____ Zip _____

Employer _____ Work Phone _____

Email Address _____ Fax _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Education: Please list schools and dates of attendance _____

Hobbies, skills, interests _____

Previous volunteer experience _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain _____

How did you hear about our volunteer needs? _____

References: Please list name, address, and telephone number of three (3) persons you have known for at least two years so that we may contact them. Please do not list relatives. Your first reference should be your current supervisor (if applicable.) Telephone will be our first means of contacting your references unless you request otherwise.

1. Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ E-mail _____

Relationship _____ Years known _____

2. Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ E-mail _____

Relationship _____ Years known _____

3. Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ E-mail _____

Relationship _____ Years known _____

Availability

1. At what times are you interested in volunteering?

Weekdays Afternoon Evenings
 Weekends* Morning Other:

*Although some programs, such as ElderBuddy, may offer weekend opportunities, our regular business hours are 9:00am to 5:00pm weekdays.

2. Do you have a geographic preference as to where you would like to do volunteer work?

No Yes: _____

Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

Working with small groups No preference
 Working on community fairs and events Working one-on-one
 Helping around the office in general administrative and clerical duties
 Other: _____

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

Adults Teens Children Elderly Agency staff No Preference
 Other: _____

3. Do you speak or write a language in addition to English?

No Yes: _____

4. What sort of time frame would you like to volunteer with Children & Families First?

One time Ongoing Monthly Quarterly

5. Do you have any additional preferences that you can share to help us find the best volunteer opportunity for you?

By filing this application, the potential volunteer/intern agrees to participate in Children & Families First's volunteer/intern application process. This will include an interview, reference check, a criminal history check, TB testing, and a motor vehicle record check.

The information provided by me on this form is true to the best of my knowledge. Any false statement on this profile may result in loss of my intern/volunteer position. I have read and understand the above information and agree to conditions set forth.

Signature

Date

To be filled out by volunteer coordinator/ volunteer supervisor:

Electronic Policy Ethics Policy Criminal Background Check Behavioral Management Policy
 Confidentiality Policy Driving record Vehicle Policy TB Test/Results Abuse/Neglect Policy
 Media Communications Policy Client Rights Policy Duty to Warn/Protect Sexual Harassment Policy
 Personal Data Form Criminal History Affidavit Resume

Date Started: _____ Assigned to: _____

Rev 7/13/10