



# Face to Face Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pronouns (ex. she/her, they/them) \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

Are you a student? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Will you be receiving academic credit for volunteering? Yes \_\_\_ No \_\_\_

Are you volunteering as part of a group/organization: Yes \_\_\_ No \_\_\_

Name of group/organization: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

## How did you hear about Face to Face?

Previous affiliation  Web Listing  Through a friend  Staff

School  Newspaper  Other: \_\_\_\_\_

Reason for your interest in volunteering with Face to Face:

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Please indicate your areas of interest:

Administrative  SafeZone  Special Projects  Education

Mental Health  Prenatal & Adolescent Services



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Please include any additional information regarding previous volunteer or life experiences, education, or skills that would help us match you with our volunteer opportunities:

Are you interested in helping out with special events, ex. tabling, fairs, fundraisers? \_\_\_\_\_

Are there any medical/physical concerns to be considered in your volunteer assignment? Yes \_\_\_ No \_\_\_ If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are you available to volunteer?

Day	Morning # of Hours	Afternoon # of Hours	Evening # of Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday	N/A		N/A

**How often do you plan to volunteer?**

One time     Recurring

**If recurring, how long would you like to volunteer?**

\_\_\_\_\_



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**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Work Home (Please Circle)

**References** (Personal or Professional):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email (optional): \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email (optional): \_\_\_\_\_

Would you like to be added to our Face to Face Monthly e-Newsletter?  
 Yes  No

I certify that the information I have provided on this application is accurate and up to date. I understand that acceptance of this application does not constitute acceptance as a volunteer, and that assignment to a volunteer position is based on assessment by program staff and the availability of a suitable position for me. I further understand that submitting this application does not obligate me to act as a volunteer with Face to Face.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I grant permission for Face to Face to use any/all photos taken of me for use in Face to Face publications without compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release information without restriction or qualification to Face to Face. I hereby release Face to Face from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application



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form, may be grounds for refusal to enlist my services and negate any present or future volunteer or employment possibilities with this organization. Furthermore, I understand that any offer that has been made to me for the use of my volunteer services with Face to Face is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteering at Face to Face and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by Face to Face. I understand that this release is valid for the duration of my service at and that Face to Face may choose to investigate my background at any time during the term of my service.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_