



# FAMILY ADVOCATES Volunteer Application

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Other Names Used: \_\_\_\_\_

Street Address (include apartment number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other states you have lived in during the past five years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Are you employed?  Yes  No If yes, may we contact you at work?  Yes  No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of work: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Do you have access to a car?  Yes  No

Have you ever been convicted or received a withheld judgment as an adult of any felony or misdemeanor which is a sex offense, a crime against moral turpitude, a crime affecting family relationships and children, assault, battery, or an attempt or conspiracy to commit any such offense?  Yes  No

Have you been charged with a crime?  Yes  No

Crime convicted of or charged with: \_\_\_\_\_

Date of conviction or charge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location (Court): \_\_\_\_\_

Have you been involved directly with Social Services for any violation of the Child Protective Act? Yes No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any facts not disclosed by your answers concerning your background, history, experience or activities which, in your opinion, may have a bearing on your character, fitness, or eligibility to be a volunteer? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: Please list three (3) people who are not related to you. At least one (1) must be a professional person.

**Name (please print)**

**Address (Street w/apt #, City, State, Zip)**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In signing, I verify that the information provided herein is true and complete to the best of my knowledge. I understand that by submitting this application, I am authorizing inquiries and/or an investigation of my criminal history to be made, concerning my suitability as a volunteer. I further understand that misrepresentation of this application form may be cause for disqualification for my application or dismissal of my volunteer work.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date