



FOR OFFICE USE

Volunteer Ref #: _____ Date: _____

Volunteer Application Form

Thank you for your interest in volunteering with FosterHope Sacramento.

Volunteers play a vital role in the community and in our agency. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details:

Name:		Date:	
Address:			
Telephone (Mobile):		E-Mail:	
Current Occupation / Study	<input type="checkbox"/> Work	<input type="checkbox"/> Study	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Emergency Contact Details:

Name: _____ Relationship: _____

Telephone (Home): _____ Telephone (Mobile): _____

Equal Opportunities

FosterHope Sacramento is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age. FosterHope Sacramento fully endorses a working environment free from discrimination and harassment.

FosterHope Sacramento is committed to standards of excellence in Child Protection practices. If your volunteer role has direct contact with children, you will be required to complete a **Criminal Background Check** and have evidence of current **First Aid and CPR**. If it does not require direct individual contact with children is in the office a background check is also required.

Are you in need of financial assistance for the background check? Y N

When are you available for volunteer work? **Totally Flexible**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long do you intend to volunteer for? _____

Interest/Skills

Do you have any formal training or work experience in any of the following?

	Clerical		Mental Health		Counseling
	Psychology		Child Development		Drug/Alcohol programs
	Child Care		Child Welfare		Social Work
	Education		Criminology		Law Enforcement
	News Media		Writing		Advertising
	Public Speaking		Other:		

If you answered yes above, please describe:

In what capacity are you looking to volunteer?

	Administrative Support		Building/Garden Maintenance		Cooking/Food Delivery
	Direct Work with Children/Youth		Website/ Social Media Support		Board Membership/Advisory Board.
	Child Care		Fundraising		Advisory Committee
	Advocacy		Family Support/Parent Helper		Outreach/Recruitment
	Workshops for Youth		Respite/Weekend Parent		Volunteer coordinator
	Tutoring/Music Lessons		Transportation		Event organizing/support
	Public Speaking/Ambassador		Other:		

Languages Spoken:

List your current or past community activities and membership in clubs, churches, or other organizations:

List your talents, hobbies, or interests:

References

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____

(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____

(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

By signing this form, I attest that the information supplied is true and accurate.

Signature: _____

Date: _____

Name: _____

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date _____