



Return to:
705 Oakwood St., Suite 221
Ravenna, OH 44266

Family & Community Services, Inc. Volunteer Application

Program or Area of Interest: _____

Name: _____

Address: _____
(street) (city) (state) (zip)

Phone Number: _____ Alternate Number: _____

Date of Birth: _____

Are you currently a student? **Yes** **No**

If yes, please give name of school and area of study:

Level of education: _____

How did you learn about our agency/program? _____

Questions:

1. **Have you ever volunteered somewhere? If yes, where and what were you duties?**
2. **In what way do you think you can be helpful to this program?**
3. **What would you like to do as a volunteer?**

References - Personal and/or Professional: (Do not name relatives please)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Are you 18 years of age or older?* **Yes** **No**

Availability: (Please select your availability below)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Areas of Interest: (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Direct Service |
| <input type="checkbox"/> Telephones | <input type="checkbox"/> Children's Activities |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Projects | <input type="checkbox"/> Advisory Board |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Educational Seminars |
| <input type="checkbox"/> Clothing Distribution | <input type="checkbox"/> Support Group Facilitator |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Field Trip Planning |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Shelter Monitor Assistant |
| <input type="checkbox"/> Child Advocate Assistant | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Legal Advocacy | <input type="checkbox"/> Game Nights (women) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Relocation Advocate |
| <input type="checkbox"/> Court Watch | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Other _____ | |

*If no, please complete the following:

I am willing to have my daughter/son become a volunteer of Family & Community Services, Inc.	
Parent/Guardian Name: _____	Phone Number: _____
Address: _____	
Parent/Guardian Signature: _____	Date: _____

The information provided is accurate to the best of my knowledge. I understand that my signature indicates my approval for you to check my references. I am also aware that certain volunteer positions require a criminal background check be done.

Signature

Date