



VOLUNTEER APPLICATION

*Please submit to:
media@fcsohio.org*

Program(s) of interest for volunteer opportunities: _____

Name: _____

Address: _____
Street City/State Zip Code

Phone: _____ **Alternate Phone:** _____

Email: _____ **Date of Birth***:** _____ (year optional)

Currently a student: Yes No **Level of Education:** _____

If currently enrolled, please provide name of school and area of study:

Professional or personal references for applicants: (please do not list relatives)

Name	Phone	Relationship

Availability:

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

Emergency Contacts:

Name	Phone	Alternate Phone



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Please mark your areas of interest for volunteering:

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

Volunteer Applicant Statement

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 the completion of a criminal background check.

Applicant signature

Date

***If applicant is under the age of eighteen (18), the following must be completed by a parent or legal guardian:

I am willing to have my daughter/son become a volunteer of Family & Community Services, Inc.

Parent/Guardian Name: _____

Address:

Street

City/State

Zip Code

Phone: _____

Alternate Phone: _____

Thank you for your interest in volunteering with