

# FAMILY IN DISTRESS, INC.

## Volunteer Application

Thank you for your interest in volunteering with Family In Distress! Please fill out this form so the volunteer coordinator can contact you & discuss options for getting involved.

Last Name: _____		First Name: _____	
Middle Name: _____		Date of Birth: ____ / ____ / ____	
Address: _____			
_____			
City _____		State _____	Zip Code _____
Main Phone: ( ____ ) _____		Alternate Phone: ( ____ ) _____	
_____			
Email _____			(Please
Print): _____			_____
I prefer to be contacted via Phone Email Other: _____			
<i>This section is optional:</i>			
Age: 18-35; 36-55; 55+		Gender: _____	Ethnicity: _____

1. How did you hear about volunteer opportunities at FID?

Media  Search Engine  Personal Reference  Other \_\_\_\_\_

2. Would you like to receive FID newsletter about upcoming events for volunteering?

Yes  No

3. Have you volunteered with FID before? If yes, please describe:

\_\_\_\_\_

4. Your current occupation: \_\_\_\_\_

5. Current employer or school: \_\_\_\_\_

**Availability**

Please tell us the days and times you are available as well as any special restrictions or requirements you have with regard to scheduling.

Volunteer type:

Mon    Tue    Wed    Thu    Fri    Sat  
                   

From:

To:

My availability is:

From:

to:

Volunteer hour requirements, if any:

6. Please check all skills that apply. If you know any languages other than English, please list them in the field below.

- Adobe publishing/design skills
- Experience with working with children
- General administrative skills
- Microsoft Office computer skills
- Other language skills

As a volunteer, what special skills and life experiences will you bring to our organization?

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7. What kind of professional or personal experience do you hope to gain as a volunteer?

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8. Please mark the type of volunteer opportunities you are interested in:

- Activities/Events
- Causes

Specialized skills (graphic design, legal services, translation/interpretation, landscaping, etc.): \_\_\_\_\_

- Administrative support
- Disaster Action Team
- Fundraising / Donor Recruiter
- Other: \_\_\_\_\_

9. Are you volunteering to fulfill a program hour's requirement or service learning hours?  
 Yes     No. If so, please elaborate.
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### Background Check

10. Have you ever plead guilty to or been convicted of any criminal offense? If so, please explain. *A conviction may not necessarily bar you from volunteering.*
11. Are you pursuing mandated court service hours? \_\_\_\_\_ If yes, how many hours? \_\_\_\_\_  
Case Number: \_\_\_\_\_ Scheduled completion date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
12. How long have you been residing in Florida State? \_\_\_\_\_

*I hereby authorize Family In Distress Inc. to perform a background check and investigate any public records relating to my criminal history or lack thereof. FID will use this record only in making the initial volunteer engagement decision and will not further disseminate the record.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please scan or photocopy your Florida State Driver's License and include it with your application so we can verify your identity, or bring your driver's license to your interview.

### CONFIDENTIALITY

The nature of services provided by FID requires information to be handled in a private, confidential manner. Information about FID, our employees, clients, or volunteers will only be released to people or agencies outside the company with written consent. Following legal or regulatory guidelines provide the only exception to this policy. All reports, memoranda, notes, or other documents will remain part of FID's confidential records. I understand and agree to abide by this confidentiality agreement. I understand that I have access to the Hearing, Speech & Deafness Center's Notice of Privacy Practices at any time.

### VOLUNTEER COMMITMENT

I understand that in volunteering at the Family In Distress Inc., I am agreeing to abide by the standards set for employees of FID even though I am not an employee. I understand that this includes respectful, professional behavior at all times and a commitment to the hours my supervisor and I agree upon. If at any time I am unable to come to FID at a time I am expected, I will notify my supervisor in advance.

I Agree