

FAMILY RESOURCE CENTER OF FOND DU LAC COUNTY, INC.

Internship/Volunteer Application

Thank you for your interest in the Family Resource Center. Please complete this application as thoroughly as possible and return it to our office.

Name: _____
 Last **First** **Middle**

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Are you currently employed? _____ Retired? _____ Student? _____

Please check the categories that you have interest/experience in at this time.

SOAR _____
Respite Saturdays (8:30-4pm) _____
Front Desk _____
Connection Center _____
Childcare for events at Family Resource Center _____

Please describe any training or volunteer experience you have.

How did you hear about the Family Resource Center volunteer opportunities?

Why are you interested in becoming a volunteer?

What times and hours would you be willing to devote to our volunteer opportunity program?

Daytime _____ Number of Hours Weekly _____
Afternoon _____
Evening _____

Are you currently a student and are you applying for an **internship** or a **volunteer** position? If so, what is your major and what position do you desire?

(Over)

Personal Reference Verification:

We welcome volunteers and ask them to provide us with two references preferably from someone you have either worked with or done volunteer service/support for.

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Whom may we contact in case of an emergency?

Name: _____ Telephone: _____ Cell: _____

Relationship: _____

The following information is needed to perform a background check:

Race: _____ Date of Birth: _____ Sex: _____ Soc. Sec. # _____

Any other names you have used (e.g. Maiden Name): _____

Due to some volunteer positions a time commitment and confidential agreement is necessary.

TO THE BEST OF MY ABILITY, IF I HAVE TO WITHDRAW, I WILL NOTIFY THE FAMILY RESOURCE CENTER EXECUTIVE DIRECTOR. I ALSO AGREE TO RESPECT THE PRIVACY AND CONFIDENCE OR PARTICIPANTS OF THE FAMILY RESOURCE CENTER, AND HOLD CONFIDENTIAL ANY RECORDS OR CONVERSATIONS HELD WITH THESE PARTICIPANTS.

Signature of Volunteer/Intern: _____

Date: _____

Signature of Executive Director: _____

Date: _____