

Family Resource Center
Serving
Kershaw and Lee Counties

Volunteer Application

Name: _____ DOB#: _____
SS# _____ Driver's License# _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: (Home) _____ (Business) _____

Current Employer _____ Position: _____

Previous Work Experience: _____

Please describe briefly the reason(s) you are interested in volunteering with the Family Resource Center.

Area(s) of Interest:

___ Crisis Hotline (On-Call) ___ Fund Raising ___ Education Program ___ Office
Time Available: ___ Mornings ___ Afternoons ___ Evenings ___ Weekends

Placement will be determined after interview by staff with consideration of work experience, area of interest and need within organization.

References:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

How long known? _____ Relationship _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

How long known? _____ Relationship: _____

Have you ever been arrested or convicted of a felony? _____

I understand by submitting this application, I authorize inquires to be made concerning my suitability as a volunteer with the Family Resource Center serving Kershaw and Lee Counties. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in the strictest confidence.

Volunteer Signature: _____ Date: _____