



305 E Street NW
Washington, DC 20001

phone 202.347.0511
fax 202.347.0520
web www.cflsdc.org

VOLUNTEER APPLICATION

Note: All information in this application will be kept strictly confidential, and shall be used only in the management of the services and programs provided by Community Family Life Services.

Please print or type on both sides.

Date _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone () _____ Work Phone () _____ Cell phone () _____

Best way and time to reach me: Home Work Cell Email Daytime Evenings

Occupation _____ Full Time Part Time

Employer _____ Phone Number () _____

Employer's Address _____

Emergency Contact Name: _____ Phone Number () _____

Please circle the day(s) and time(s) when you would generally be available to volunteer your services:

Key: m = mornings 10 am - 1 pm
a = afternoons 1 pm - 6 pm
e = evenings 6 pm - 8 pm

Monday	m	a	e	Friday	m	a	e
Tuesday	m	a	e	Saturday	m	a	e
Wednesday	m	a	e	Sunday	m	a	e
Thursday	m	a	e				

Please indicate if you are able to communicate fluently in: Spanish French Other: _____

Level of Education High School Some college College Degree Postgraduate Degree PhD Other

Field of study/Degree (s) _____

License/Certification _____ Jurisdiction _____

The following questions are used only for demographic purposes in order to chart volunteer trends. Answering is voluntary.

Date of birth: Month _____ Day _____ Year _____ Male Female

Race: African-American Caucasian Latino Asian African Other

How did you hear about volunteering at Community Family Life Services? _____

Please complete page 2 of the Volunteer Application

Volunteer Application, cont.

Do you have any limitations that would affect your mobility, communication, or ability to perform certain tasks?

No Yes If so, please explain _____

Have you ever been convicted of a felony or a crime against persons?

No Yes If so, please explain _____

Please check off volunteer positions in which you are interested.

- | | |
|---|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Community Services |
| <input type="checkbox"/> Technical Support | <input type="checkbox"/> Friendly Visitor to Senior Citizens |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Follow-up phone calling |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> General Clerical |
| <input type="checkbox"/> Youth Tutor/Mentor | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Adult/GED Tutor | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Food/Clothing Room Volunteer | <input type="checkbox"/> Thrift Store Volunteer |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Group Projects |

How many hours per week would you have available to volunteer? Minimum _____ Maximum _____

Why do you want to volunteer for Community Family Life Services?

Have you volunteered before? If so, please describe any previous or current volunteer experiences.

Please list a few of your hobbies, interests and activities. Highlight any special skills you can offer as a volunteer.

References

Please list 3 individuals we may contact as references, 2 must be non-family members. *Daytime phone number must be provided.* Your placement as a volunteer is contingent upon checking references.

(Court-ordered community service volunteers must provide a contact from the agency to whom hours must be reported.)

1. Name _____ Daytime Phone _____

2. Name _____ Daytime Phone _____

3. Name _____ Daytime Phone _____

The information provided here is true to the best of my knowledge. I hereby grant permission for CFLS to contact my employer and references.

Signature _____ Date _____

Parent/Guardian signature if under age 18 _____ Date _____

**Mail completed application to 305 E St. NW, Washington, DC 20001 or fax (202) 347-0520.
For further information, call (202) 347-0511 x415 or volunteer@cflsdc.org**