

FULTON COUNTY DEPARTMENT OF FAMILY AND CHILDREN SERVICES

INDIVIDUAL VOLUNTEER APPLICATION

Date: _____

Name: _____ Social Security #: _____
Last First Middle Initial

Date of Birth: _____ Sex: (check) Male _____ Female _____
Month Day Year

Address: _____ City/Town/Zip Code : _____

Home Phone: () _____ Business Phone: () _____

In an emergency, contact: _____ Phone: () _____

Relationship: _____

TO BE COMPLETED BY STUDENTS ONLY

Name of College: _____

Professor Requiring Volunteer Work: _____

Number of Hours Required: _____ Date Internship is to be Completed: _____

I. SKILLS AND INTERESTS

Education (circle last year completed)

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

1. Current or Last Employer: _____ Position: _____

Duties: _____ How Long: _____

2. Previous Employer: _____ Position: _____

Duties: _____ How Long: _____

Previous Volunteer Experience: _____

Hobbies, Interest, Skills: _____

Is there a group with whom you are particularly interested in working with? (check all that apply)

☐ Adults ☐ Seniors ☐ Children ☐ Agency Staff
☐ Handicapped ☐ Teens ☐ No Preference ☐ Other _____

Are there any groups you would not feel comfortable working with? ☐ No ☐ Yes
 If yes, please specify: _____

II. AVAILABILITY

Day(s) you are able and willing to work (check)	Time of day (check)	Number Hours	Number Months	Transportation (check)
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			I have a valid driver's license, access to an automobile, and willing to use it on my assignment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally

III. REFERENCES

How did you hear about us?

☐ Advertisement ☐ Referred by a friend/volunteer _____
☐ From staff of agency _____ ☐ Other: _____

List names and phone number of two personal references (other than relatives):

Name	Address	Phone
1. _____	_____	() _____
2. _____	_____	() _____

Have you ever been affiliated with any other programs within the Department of Family and Children Services in the State of Georgia or any other State? _____

If so, give the name of the program(s), State or County _____

Have you ever been employed by the department Family and Children Services before? _____

If so, give dates and position held _____

Have you been convicted of any crime other than minor traffic violations? _____

If so, please explain _____

I understand that I am to make myself available for orientation and training.

APPLICANT'S SIGNATURE: _____

REQUEST FOR CRIMINAL RECORD CHECK

(All information should be typed or clearly printed)

NAME: _____ (MAIDEN) _____
(First, Middle & Last)

AKA: _____

SEX: _____ RACE: _____ DOB: _____ SS#: _____

ADDRESS: _____
_____REASON FOR BACKGROUND CHECK: _____ VOLUNTEER _____

I, the undersigned, authorize the **Fulton County Police Department** to disseminate any criminal history record information pertaining to me to the Fulton County Department of Family and Children Services.

Signature_____
Date_____
Notary_____
Expiration Date**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

Upon receipt of this release form for the above described, a criminal history background investigation was conducted through all available files of this department, through the National Crime Information Center's outstanding warrant files and through the Georgia Crime Information Center. Checked by name only.

NO RECORD: _____ RECORD _____

Arresting agency	Date	Charge	Disposition

Signature_____
Date