



CHILDREN'S AID  
AND FAMILY SERVICES

Children's Aid and Family Services  
200 Robin Road, Paramus, N.J. 07652  
T: 201-261-2800 / F: 201-634-3672

## ADULT VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

(\*\*Please circle the best way to contact you\*\*)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Your Title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Please check any area in which you have experience:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Office Work   | <input type="checkbox"/> Data Entry         | <input type="checkbox"/> Renovation     | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Event Planning     | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Tutoring      | <input type="checkbox"/> Childcare/Teaching | <input type="checkbox"/> Nutrition/Cook | <input type="checkbox"/> Fundraising     |
| <input type="checkbox"/> Other: _____  |   |   |  |

Please describe any specific training/expertise in the areas indicated above or additional areas not listed:

Do you speak any languages other than English?  Yes  No

If yes, please specify language & fluency: \_\_\_\_\_

What age groups have you worked with as a volunteer?

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Do you have experience volunteering/working with children with special needs?

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If you are unable to perform specific job functions/duties, please describe those functions/duties below:

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Why do you want to volunteer with Children's Aid and Family Services?

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How did you hear about Children's Aid and Family Services? Please check the appropriate box below.

- Facebook/Twitter     Website: www.cafsnj.org     Internet Search (Google, Bing, etc.)  
 At an event     Word of mouth     Other: \_\_\_\_\_

Please check the volunteer opportunities which interest you (positions listed below):

- Recreational Volunteer     Teacher's Assistant     Office Assistant/Admin  
 Tutoring     Life Skills Volunteer     Depot Sales Associate  
 Mentoring     Healing Garden     Special Events Volunteer  
 Baby Basics     Special Needs     Other: \_\_\_\_\_

- **Recreational Volunteer:** Help a child in foster care learn and enjoy specific recreational activities; some recreational volunteers, such as fitness and pet therapy, require specific certifications.
- **Tutoring:** Help children in foster care realize their educational goals through one-on-one tutoring with subject-based lessons.
- **Mentoring:** Be a positive and consistent role model for a child in foster care; requires an 18 month commitment and completion of Mentor Training.
- **Baby Basics:** Assist with distribution of Baby Basics supplies (diapers and formula) to low-income families in Bergen County; distribution occurs once a month.
- **Teacher's Assistant:** Become a Teacher's Assistant in our Turrell Child Care and Early Learning Center; use games, storytelling, and other activities to help children develop language, improve their social skills, and learn basic fundamentals.
- **Life Skills Volunteer:** Volunteers teach "life skills" classes to our children in therapeutic foster care, such as how to maintain a budget, dressing appropriately for a job interview, and health/nutrition. These classes are held one to two times a month.
- **Healing Garden:** Use your "green thumb" to maintain our therapeutic Healing Garden in Ridgewood; tasks can include weeding, mulching, planting, etc.
- **Special Needs:** Assist our staff in our Developmental Disabilities homes with weekly activities, such as arts and crafts, athletics, music or cooking. Experience and understanding of those with developmental disabilities such as autism preferred.
- **Office Assistant/Admin:** Act as a clerical volunteer doing tasks such as mailings, reference checks, and using Microsoft Offices; our administrative offices are located in Paramus, Ridgewood, and South Orange.
- **Depot Sales Associate:** The Depot is the largest all women's exchange in North America - volunteer to staff this gift/craft shop in Midland Park; requires one shift every two weeks.
- **Special Events Volunteer:** Help staff during the agency's major events, such as our annual Wine Tasting, Gala, and more.
- **Other:** At times, we may have differing needs for volunteers. Please specify your greatest area of interest.

Please list three (3) personal [excluding family] or job related references:

	<u>Name</u>	<u>Email Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you ever had an allegation of child abuse or neglect substantiated against you? Yes  No   
 Have you ever been convicted of a crime? Yes  No

If yes, please describe offense, indicating date of conviction, jurisdiction and penalty imposed:

\_\_\_\_\_

\_\_\_\_\_

**Please list all availability below:**

**Days:**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Times:**  Morning  Afternoon  Evenings *Specify hours* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*

All applicants will be contacted based on current opportunities available.  
This process may take from 2-4 weeks.

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The following documents may be required to complete this application once interviewed by the volunteer manager.

1. Health certificate (within 6 months)
2. Results of a PPD or Mantoux test (necessary only if working with children)
3. State criminal background check
4. Fingerprint screening



## Volunteer Agreement

My time as a volunteer is made willingly and without expectation of compensation or future employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Volunteer Confidentiality Agreement

The undersigned volunteer acknowledges that any information made available, or indirectly obtained in the course of volunteering at Children's Aid and Family Services, is absolutely confidential. This includes, but is not limited to, information regarding clients, personnel, or finances. The undersigned also acknowledges that the training and/or information necessary to understand agency confidentiality requirements have been provided or scheduled.

The undersigned agrees to neither disclose nor utilize in any way information acquired as a result of volunteering without the express written permission of the Privacy Officer or his/her designee.

It is acknowledged by the undersigned that as information furnished to fulfill volunteer responsibilities is in all respects confidential in nature, any inappropriate disclosure or use of confidential information may result in action related to my volunteer status.

I agree to follow the directions of agency staff regarding confidentiality of client and agency information.

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Information Release Consent

I hereby authorize and consent to the release of information and records bearing on my personal history, academic records, job performance and convictions, if any, to Children's Aid and Family Services, Inc. The information will be used for the purpose of determining my qualifications for volunteering.

Upon request, a copy of this signed statement may be furnished to the criminal justice agency or referral person furnishing such information or record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Driver's License

\_\_\_\_\_  
Today's Date



**200 Robin Road  
Paramus, N.J. 07652  
Tel: (201) 261-2800**

Authorization Form for Photographs and Interviews (Adults)

By signing below, I hereby voluntarily and knowingly consent to take photographs, video and/or interviewed by Children's Aid and Family Services or its designee for the purpose stated below:  
Purpose: \_\_\_\_\_  
\_\_\_\_\_

I am in support of the photograph/interview and aware of its focus (stated below). I am secure in the knowledge that it will be conducted in a professional manner in which my interest will be protected. I have been advised by a Children's Aid and Family Services representative that I reserve the right to revoke this consent in writing at any time. I am aware that if I revoke this consent, I will not hold the agency liable to actions already taken which relied on a previously signed consent. I also discharge the agency from liability in the event I voluntarily or inadvertently disclose confidential information about myself or others.

Focus: \_\_\_\_\_

**PLEASE PRINT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Office Use:** Copy of consent and any letter revoking consent should be maintained in client's chart.