



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

VOLUNTEER APPLICATION

Name: _____ Today's Date _____

Address: _____

City/State/Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

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

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"/> Decoration | <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"/> Cooking | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other: _____ | | | |

Please describe in detail specific training or expertise in the areas of experience indicated above?

What age groups have you worked with as a volunteer? _____

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

If you are unable to perform specific job functions or duties, please describe those functions or duties. _____

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

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

Name

Complete Mailing Address

Telephone

1. _____

2. _____

3. _____

Have you ever been charged with child abuse or neglect? Yes No

Have you ever been arrested or 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: Sun Mon Tues Wed Thurs Fri Sat

Times: Morning Afternoon Evenings Specify hours _____

Signature: _____ Date: _____

******All Applications will be reviewed and applicants will be contacted based on current opportunities available.******

The following documents will 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 (within 1 year)**
- 3. Criminal background check from the state**
- 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