



Florence Crittenton

Volunteer Services Department

CONFIDENTIAL VOLUNTEER APPLICATION

Date _____

Personal Information

Last Name _____ First Name _____ Middle _____

Address _____ Apt # _____

City _____ State _____ ZIP _____

Phone (w) _____ May we contact you at work? Yes No

(c) _____ (h) _____

Email _____

*** Volunteers and/or Interns working directly with our clients must be a minimum of 21 years of age.** Male Female _____ Date of Birth

Statistical Information * For Internal Statistical Purposes Only

All volunteers will be considered impartially and without bias of race, religion, sex, age, national origin, physical impairment, or sexual preference.

Marital Status* _____ Single _____ Married

Education* _____ High School _____ Some College _____ GED

_____ Undergraduate Degree _____ Graduate Degree _____ Other

Major and Degree _____

Primary Language* _____ English _____ Spanish _____ Signing _____ Other

Secondary Language * _____ English _____ Spanish _____ Signing _____ Other

(FOR INTERNS ONLY)

At Florence Crittenton Services, interns may choose to serve in various capacities. Please check areas of interest.

- Clinical/Therapy
- Development/Special Events
- Education – Tutoring/Academic
- Intake
- PR/Marketing
- Security
- Residential
- Community Based/Case Management

What degree are you earning? _____

How many hours are you required to complete? _____ Per Semester _____ Per Quarter

(FOR ALL OTHER VOLUNTEERS AND MENTORS)
Areas of Interest

Volunteers may choose to provide services in Florence Crittenton’s Residential Program, Crittenton Youth Academy, Transitional Living Homes, the administrative offices, or at Flo’s on 7th (our resale store). As a mentor, volunteers will serve in a highly structured mentoring program. Please check areas of interest.

- Administrative Aide
- Special Events
- Flo’s on 7th Resale Store
- “Friend” of Florence Crittenton
- Auxiliary
- Special Projects
- Fundraising
- Board of Directors
- Mentoring
- Tutoring

Please provide a description of the services you would like to provide to Florence Crittenton Services: _____

Are there populations, client groups or situations with which you prefer not to work? Yes No

If yes, please describe: _____

Employment and/or Education

Employment Status
 Full Time Part Time Student Not Employed Retired

Name of Employer: _____

Position & Job Description: _____

If a student, name of school: _____

Address: _____

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

Degree working towards: _____ Year in School: _____

Brief description of additional work experience/history: _____

Volunteer Experience

List volunteer experiences:

Organization	City/State	Position/Responsibility	Dates of Service

Current community activities, memberships, etc: _____

Brief description of cross-cultural experience: _____

Brief description of hobbies, interests, skills, and areas of training/expertise: _____

Have you applied for or volunteered with Florence Crittenton Services in the past? Yes No

If yes, please describe: _____

Date available to begin volunteering: _____

Times available: Mornings Afternoons Evenings Weekdays Weekends

(For Interns Only) How many hours are you required to complete? _____ Per semester _____ Per Quarter

Referral

Referred By: Flyer Friend Internet Newspaper
 Colleague Professor School Other _____

Criminal History

Have you ever been arrested or convicted of a crime (including a DUI)? Yes No

If yes, please describe: _____

Have you ever been convicted of neglect, abuse or dependency? Yes No

If yes, please describe: _____

Do you have a valid driver's license? Yes No License Number: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please describe: _____

References

List three (3) personal references. If you are employed, one reference should be from your employer. Please do not list relatives or anyone living in the same household with you.

Name _____ Daytime Phone _____

Relationship _____

Name _____ Daytime Phone _____

Relationship _____

Name _____ Daytime Phone _____

Relationship _____

I, _____, hereby affirm that all of the answers provided on my application are true. I understand that misrepresentations or omission of facts called for is cause for dismissal. I hereby authorize Florence Crittenton to investigate my background and to contact the above given references for the purposes of determining my suitability as a potential volunteer/intern.

Signature: _____ Date: _____

Please submit your completed application to:

**Volunteer Services Department
Florence Crittenton
715 W. Mariposa Street, Phoenix, AZ 85013
FAX - 602-274-7549**