



Florence Crittenton

VOLUNTEER APPLICATION

Date _____

Personal Information

Last Name _____ First Name _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Work Phone _____ May we contact you at work? ___ Yes ___ No

Cell Phone _____ Home Phone _____

Email Address _____

Emergency Contact _____

Emergency Phone _____ Relationship _____

___ Male ___ Female *Date of Birth _____

***Volunteers must be 21 years of age**

Demographic information required by our funders:

Race/Ethnicity

___ African American ___ Asian American ___ Caucasian ___ Latino

___ Native American ___ Pacific Islander ___ Multi-ethnic ___ Other

Age Group

___ 21 through 39 ___ 40 through 59 ___ 60 +

SECTION I

Education ___ High School ___ Some College ___ GED

___ Undergraduate Degree ___ Graduate Degree ___ Other

Major and Degree _____

Primary Language ___ English ___ Spanish ___ Signing ___ Other

Secondary Language(s) ___ English ___ Spanish ___ Signing ___ Other

SECTION 2

Employment and/or Education

Employment Status ___ Full time ___ Part time ___ Not employed ___ Retired

Name of Employer (if applicable) _____

Position and job description _____

If student, name of school _____

SECTION 3

Volunteer Experience

Current Community Activities

Cross-Cultural Experiences

Hobbies, Interests, Skills, Training/Expertise (detail please)

Your Personality

SECTION 4

Referral ___ Flyer ___ Friend ___ Internet ___ Newspaper ___ Employee
 ___ Colleague ___ School ___ Other

SECTION 5

Criminal and Health History

Have you ever been arrested or convicted of child abuse or neglect, substance dependence, DUI or any other crime? ___ Yes ___ No

If yes, please describe _____

Do you have a valid driver's license? ___ Yes ___ No

License # _____ Expiration Date _____

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

If yes, please describe _____

Have you had a physical exam in the last two years? ___ Yes ___ No

(required **only** at Girls Ranch per DES contract)

Do you currently hold a DPS Level I Fingerprint Clearance Card? ___ Yes ___ No

(required for all volunteers)

If yes, please provide the card number and expiration date.

Card # _____ Exp. Date _____

Have you had a TB test within the past 12 months? ___ Yes ___ No

(required annually for volunteers having direct contact with our clients)

Emergency Contact _____ Phone _____

Relationship _____

SECTION 6

References

List **THREE** 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.** References must be over the age of 21.

Name _____ Daytime Phone _____

Relationship _____

Name _____ Daytime Phone _____

Relationship _____

Name _____ Daytime Phone _____

Relationship _____

I hereby acknowledge that I have chosen to volunteer for Florence Crittenton in an at-will relationship.

Volunteer Signature Date

PLEASE RETURN TO: Casey Hernandez
Volunteer Services Manager
Florence Crittenton
715 W. Mariposa St.
Phoenix, AZ 85013
chernandez@flocrit.org

... or FAX to the attention of Casey Hernandez – **602-274-7549**