



Please Return to: Child & Family Agency
 HR Department
 255 Hempstead Street
 New London, CT 06320
 Or EMAIL: hr@childandfamilyagency.org

Thank you for your interest in volunteering at Child & Family Agency! Please answer the questions below and return to CFA at your convenience.

Name (<i>Last, First, M.I.</i>):	Phone Number:
Address:	E-Mail Address:
Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which college are you currently attending?	
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	

VOLUNTEER INTEREST AREAS
Please check the volunteer area(s) that interest you below.

Areas of Support	<input type="checkbox"/> Direct Service with children* <i>If you are interested in working directly with children, please indicate which age groups you would like to work with below.</i>	<input type="checkbox"/> Outdoor Tasks (<i>gardening, yardwork</i>)
	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Administrative Tasks (<i>paperwork and computer skills, organizing</i>)
	<input type="checkbox"/> Event Support	<input type="checkbox"/> Theater Program <i>(School-aged)</i>

Age Group*	<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschool (ages 3-5)
	<input type="checkbox"/> School-Aged (ages 5-10)	<input type="checkbox"/> Middle/High School (ages 11-18)
	<input type="checkbox"/> Parent with Child Playgroups (caregivers with children ages 0-5)	

If you have any additional skills, experience, or ideas you'd like to share with Child & Family Agency please describe below:

RELEVANT PAST VOLUNTEER / EMPLOYMENT EXPERIENCE		
<i>Attach resume or additional sheet if needed.</i>		
Dates	Place/Location	Description of Duties/Responsibilities



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Schedule of Times Available to Volunteer					
Please list times you are available, on the following days, to volunteer.					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY/SUNDAY
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<i>Please List:</i> <i>Please List:</i>

Additional Requested Information
Please list any foreign languages you know:
Are you enrolled in or have you completed any courses appropriate to the volunteer position you are seeking?
Are there any other skills or abilities that you possess that you feel would be beneficial to Child & Family Agency?

Thank you for your interest in Child & Family Agency! Someone will be in touch with you regarding your application. Please read below and sign.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a placement decision.

This application for placement shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for placement beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any placement relationship with this organization is of an "at will" nature, which means that the Volunteer may resign at any time and the Agency may discharge the Volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of placement, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Agency.

 Signature of Applicant

 Date



CRIMINAL HISTORY CHECK

NOTE TO APPLICANT: A criminal background check is necessary as part of our application process. If you are advised that this is necessary concerning the position you are applying for, please provide the information requested below:

* PLEASE NOTE WHEN ANSWERING THE FOLLOWING QUESTIONS:

- (i) Under CT law employers may not require disclosure of an arrest, criminal charge or conviction for which records have been erased;
- (ii) Any person whose criminal records were erased will be considered to have never been arrested or convicted for such matter(s), and may swear so under oath concerning such erased records;
- (iii) The type of criminal records subject to erasure are those pertaining to:
 - a finding of delinquency of that a child was a member of a family with service needs;
 - a sentence as a youthful offender;
 - a criminal charge that was dismissed or nolle;
 - a criminal charge for which the person was found not guilty; and
 - a conviction for which the person received an absolute pardon.

Have you ever been convicted* of a felony, or a sex related or child abuse related offense? Yes No

If you answered Yes above, please indicate below (or on a separate page, if necessary):

- (i) the date(s) of the conviction(s)
- (ii) describe the circumstances and nature of the offense, and
- (iii) describe what rehabilitation you have been through concerning such conviction(s)

I hereby give permission for the Child and Family Agency of Southeastern CT, Inc. to conduct a criminal background check (post employment offer) for any record of a felony conviction. I agree to fully cooperate in any such background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any custodian of data will not release reference information or criminal history information directly to the Company, I agree to personally request such information to the extent permitted by law. I understand that any conviction record(s) discovered during such investigation will be kept confidential and will not be disclosed to anyone except those Company personnel representatives with a need to know based on management responsibilities or involvement with the hiring process.

Applicant's Name (PLEASE PRINT) _____
Date

Applicant's Signature (Do Not Print)