



2800 E. Broadway Blvd.
Tucson, AZ 85716
(520) 881-8940

Intern/Volunteer Application

FAX (520) 325-8780

Application Date: _____

Name: _____
Last First M.I.

Address: _____ Zip: _____

Permanent Address (if different from above): _____

City, State, Zip: _____

Home telephone: _____ Work telephone: _____

Cell telephone: _____ E-Mail: _____

Emergency Contact Person: _____

Relationship: _____ Telephone: _____

Birth date (month, day): _____

Must be at least 16 years of age.

Length of residence
in Tucson: _____

Length of time likely
to remain in Tucson: _____

What languages, other than English, do you speak fluently? _____

Read _____

Write _____

How did you learn about this volunteer program? _____

Volunteer opportunities in which you are most interested: _____

Why are you interested in volunteering at Child & Family Resources? _____

When are you available to start volunteering? _____

What days & times are you available? _____

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Are you volunteering for school requirement or credit? Yes _____ No _____

 If yes, what class? _____

 If yes, how many hours are needed and by what date: _____

Name & Phone of Instructor/Advisor _____

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Have you taken any illegal drugs in the past 30 days? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of child abuse or child molestation? Yes _____ No _____

If yes, please explain: _____

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Is your volunteer time court ordered? Yes _____ No _____

 If yes, what was the charge? _____

If yes, how many hours are needed and by what date: _____

Name & Phone of Parole Officer _____

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Education			
High School/College/Trade School	City, State	Degree	Major Area of Study

Work Experience			
Dates	Employer	Position	Reason for Leaving

Volunteer Experience			
Dates	Agency/Location	Position/Responsibilities	Reason for Leaving

Activities (Organizations memberships, hobbies, special interests): _____





References—2 Professional & 2 Personal			
Name	Address/Zip	Phone & E-mail	How You Know Them (no relatives)



APPLICANT AGREEMENT:

I certify that the above responses are true and complete to the best of my knowledge.

I authorize you to make any investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at a placement decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. 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 will abide by all rules and regulations of Child & Family Resources, Inc.

Signature

Date

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap.