



FAMILY LIFE CENTER VOLUNTEER APPLICATION FORM

Please complete the following form in its entirety. If a field does not apply to you, simply write "N/A". Once completed (whether electronically or by hand), email the completed form to: InfoFLC@FLCMAUI.org

Name _____

Address _____

City _____ State _____ Zip _____

Birth Date (year optional) _____

Home Phone _____ Mobile Phone _____

Employment and/or School Information

Present Employer (If Applicable) _____ Position _____

Supervisor's Name: _____ Supervisor's Phone: _____ May we contact? ___ Yes ___ No

Current Workdays & Hours _____

How did you become interested in our volunteer program? _____

Have you volunteered for our organization before? ___ Yes ___ No If yes, in what year? _____

College/University Currently Attending _____

College Major _____ Class Schedule _____

Contact in Case of Emergency

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Family Physician _____

Phone _____

Health Concerns _____





Completed Education (List Institution & Degree) _____

Previous Related Volunteer Experience _____

Previous Related Work Experience _____

Hobbies/Skills/Special Interests/Foreign or Sign Language Skills _____

Please give any other information you feel is pertinent to your application _____

Days & Times Available _____

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from placement. The organization is not obligated to provide placement, nor are you obligated to accept the position offered.

Family Life Center is an equal employment opportunity employer, we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest, court record, sexual orientation, or other protected categories in accordance with state and federal laws.

Signature _____

Date _____

DEPARTMENT USE ONLY

DATE START _____

DEPARTMENT ASSIGNED _____

DATE RESIGNED _____





References

Please provide a minimum of four references. Two references may be personal, but two are required to be professional. References may not include relatives.

Professional References

Name _____

Name _____

Current Employer/Title _____

Current Employer/Title _____

Relationship _____

Relationship _____

Years Known _____

Years Known _____

Phone _____

Phone _____

Email _____

Email _____

Personal or Professional References

Name _____

Name _____

Current Employer/Title _____

Current Employer/Title _____

Relationship _____

Relationship _____

Years Known _____

Years Known _____

Phone _____

Phone _____

Email _____

Email _____

