



children & families of iowa
Restoring hope. Building futures. Changing lives.

Volunteer Application Group

Thank you for your interest in volunteering for Children & Families of Iowa (CFI). The information on this form will help us to find the most satisfying and appropriate volunteer opportunity for you. We value our volunteers greatly and look forward to meeting you.

Please complete this brief application and our volunteer coordinator will contact you soon to discuss opportunities.



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Volunteer Application for Groups

Date _____

Organization _____

Mailing Address _____

City/State/Zip: _____

Contact person: _____

Email: _____

Day Phone: _____

Evening Phone: _____

of volunteers in your group? _____

Please list all members serving in your group: _____

Are all of the members of your group 18 years of age or older? Yes No

Please indicate the date(s) and time(s) you would like to volunteer:

How did you hear about volunteering at CFI?

Volunteer fair

Work

Newspaper

School/college

Word-of-mouth

CFI website

Other: _____

Volunteer Interests:

- Special events
- Landscaping
- Maintenance
- Clerical/office assistance
- Other: _____
- Painting
- Transportation
- Cleaning
- Tutor/mentor
- Arts/crafts
- Speaker
- Shopper
- Youth Activities: __ages 2-6 __ages 6-12 __ages 12-18
- Research/grant-writing
- Public relations support
- Meal preparation

Please specify if you are interested in a specific volunteer opportunity or program:

How often would you like to volunteer?

- We are interested in volunteering on a regular basis.
- We are interested in volunteering occasionally. Please call us when you need help.
- We are interested in a one-time volunteer opportunity.

Confidentiality

I understand the records and information to which I have access as a Children & Families of Iowa (CFI) volunteer are confidential. This confidentiality is protected by law. My signature on this form will certify that this information has been explained to all members of my group. Further, my signature will constitute an agreement between my group and the agency that the members of my group promise not to discuss any confidential information including, but not limited to, any description of situations, as well as the names of clients with whom we work.

I also understand that my signature will signify a promise to share pertinent and confidential information only in the context of a work situation and only with persons working at CFI.

I further understand that breach of this confidence is a violation of the criminal law and reason for immediate termination of the group's volunteer services with CFI. It may lead both to criminal prosecution against the group and to civil damage action in which the group would not be covered by the agency's liability insurance.

As a group representative, I will be responsible for insuring that group members be made aware of the policies and procedures of CFI and confidentiality regulations.

Signature of Group Representative

Date

Thank you for completing CFI's volunteer application!

Please return to the following address:

Children & Families of Iowa
Attn: Heather Lee
1111 University Avenue, Des Moines IA 50314
Phone (515) 697-7968 Fax (515) 288-9109
HeatherL@cfiowa.org