

## Volunteer Application Individual

Thank you for your interest in volunteering at Children & Families of Iowa (CFI). The information on this form will help us to find the most satisfying and appropriate volunteer opportunity for you.

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



## **Volunteer Application for Individuals**

Date

Name (first, mi	ddle initial, last)								
Mailing Ad	dress								
City/State/2	Zip:								
Email:									
Cell Phone	e:								
Work Telep	ohone:								
Emergency	y Contact N	lame & Numl	oer:						
Are you 18	years of a	ge or older?	□ Yes	□ No					
Have you v	olunteered	l for CFI in th	e past? □	Yes □ I	No				
How did yo	ou hear abo	out this volur	iteer opporti	unity?					
□ Volunteer fair		□ Work							
□ Newspaper		□ School/college							
□ Word-of-mouth		□ CFI website							
□ Othern	olease expla	in:							
Please mai				u are availabl					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Morning									
Afternoon									
Evening						+			
Weekends									
Additional	informatio	n regarding y	∕our availabi	ility:					



Done in a day volunteer Interests:										
□ Special events	□ Painting	□ Arts/crafts	☐ Research/grant-writing							
□ Landscaping	□ Transportation	□ Speaker	☐ Public relations support							
□ Other										
Ongoing program volunteer areas of interest:										
☐ Maintenance	□ Shopper	☐ Meal preparation								
☐ Clerical/office assistan	nce □ Tutor/mentor	☐ Youth Activities: _ages 2-6 _ages 6-12 _ ages 12-								
□ Other:										
Please specify if you are interested in a specific volunteer position or program:										
How often would you like to volunteer?										
•	nteering on a regularly sch	adulad hasis								
	nteering or a regularly scr nteering occasionally. Ple		acad hala							
	,	•	тееа петр.							
☐ I am interested in a on	e-time volunteer opportuni	ty.								
<b>Current Employment In</b>	formation:									
Job Title	Employer's Name	Employer's Address	City, State, Zip							
References: (please note, not necessary to complete if applying for a one-time volunteer opportunity)										
Name	Email	Phone	Relationship							
			,							



## **Background Check**

In an effort to create a safe environment for clients, employees and volunteers, CFI reserves the right to conduct state and federal background checks. Some volunteer and internship positions require that we run a child abuse registry check and/or a criminal records background check. If the position you request requires a background check, you will be asked to fill out the appropriate consent forms. This report is kept confidential.

Please answer the following:		
Do you have a record of founded child or dependent adult abuse?	□Yes	□No
Have you ever been convicted of a crime, in this state or any other state? If you answered YES for either, please explain the situation and current di		□No of the case:
<ul> <li>✓ I understand that the records and information to which I will have as Families of lowa volunteer are confidential and protected by law this information has been explained to me. I agree not to discuss a including, but not limited to, any description of situations, as well as prospects or staff with whom I may work. I understand that even w volunteer for CFI, the information I learned as a volunteer must conconfidential.</li> <li>❖ I am fully aware that a child abuse and/or public safety check may because of my application for volunteer or internship placement at the law interns.</li> <li>❖ I understand that the agency does NOT carry medical insurance contents.</li> <li>❖ I understand that the agency does NOT carry automobile insurance vehicles.</li> <li>❖ Volunteers and interns are covered by the agency's liability insurance performing assigned duties.</li> </ul>	my signary confidence of them I am intinue to be conducted to be conducted to be conducted to the conducted	ature certifies that ential information f clients, donors, no longer a e kept eted on me a lunteers and teers and interns they are
My signature below indicates that I have read and understand the aclabove and that the information I have given is accurate and complete knowledge.	_	

Thank you for completing CFI's volunteer application!

**Date** 

**Volunteer or Intern Signature** 

Please return to the following address:

Children & Families of Iowa
Attn: Foundation Assistant/Volunteer Coordinator
1111 University Avenue ♦ Des Moines IA 50314

volunteer@cfiowa.org