



## Family Service Volunteer/Community Service Application

### **Personal Data:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

### **Volunteering:**

1. How did you hear about Family Service?
2. What volunteer work have you done in the community?
3. How were you referred to Family Service?
4. Have you been a client of Family Service?
5. List your special skills, interest, education, hobbies.
6. What is your expected length of volunteer commitment?
7. Have you been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain:
8. Are you in need of community service hours? Yes \_\_\_\_\_ No \_\_\_\_\_ If so,
  - a. How many hours must you perform: \_\_\_\_\_ Date required by, if applicable: \_\_\_\_\_

b. Who assigned this community service:

c. Who should we report your community service hours to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Volunteer hours are 9:00 am -12:00pm and 1:00pm - 4:00 pm Monday thru Friday.**

Check all that apply:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Weds \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

You may volunteer for a block of time or hourly, which ever best meets your schedule and our need. Check all that apply:

9:00-10:00 \_\_\_\_\_ 10:00-11:00 \_\_\_\_\_ 11:00-12:00 \_\_\_\_\_

1:00-2:00 \_\_\_\_\_ 2:00-3:00 \_\_\_\_\_ 3:00-4:00 \_\_\_\_\_

Block AM-9:00-12:00 \_\_\_\_\_ Block PM - 1:00-4:00 \_\_\_\_\_

**Assignment Preferences:**

\_\_\_\_\_ Food room/warehouse: stocking shelves, food box prep, Community Room window

\_\_\_\_\_ Clothing room: sorting/hanging, clothing checkout table

\_\_\_\_\_ Thrift store: stocking shelves, rotating inventory, cleaning shelves and display tables

\_\_\_\_\_ Receiving: pricing of donated goods destined for the agency store

\_\_\_\_\_ Administrative Service: assist administration with tasks included in the ongoing work of FSI

\_\_\_\_\_ Holiday Food Distribution and Prep

\_\_\_\_\_ Back to School program: filling and distributing school backpacks

\_\_\_\_\_ Event Planning

**References**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Thank you for your interest in Family Service.** Volunteers improve people's lives, bringing joy and hope to countless families and individuals who experience hunger, homelessness or are struggling to maintain stability within their living environment. At Family Service, volunteers from all walks of life come together to have fun and help build a better community. You are helping light the way to a better community!

**Please return this application to:**

Family Service, PO Box 1020, Billings, MT 59103

or

Family Service, 3927 1<sup>st</sup> Avenue S., Billings, MT 59101

**As a Volunteer of Family Service, I will...**

- Conduct myself with consideration, courtesy and respect for others.
- Be punctual and conscientious in my work and willing to accept supervision.
- Give sufficient notice (24 hours if possible) if unable to work volunteer shift.
- Respect the confidential nature of any information I may hear or see directly or indirectly regarding clients.
- Refer/bring criticism, problems, or suggestions to the Director or Assistant Director of Family Service.
- Endeavor to make my work the highest quality and uphold the mission of Family Service.

**Applicant Certification.**

Please read carefully before signing:

As a volunteer applicant to Family Service, I certify that I have answered the questions on this application truthfully and to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application is cause for denial of volunteer opportunity or dismissal as a volunteer. As a volunteer to Family Service, I agree to maintain client confidentiality, both verbal and written, and understand that violation

of client confidentiality could be grounds for termination. I understand that my services are offered on a voluntary basis, without monetary or goods of any sort compensation.

Due to the nature of our work, Family Service reserves the right to conduct random background checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under the age of 18 years, a parent or guardian must sign below:

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:**

I do \_\_\_\_ or I do not \_\_\_\_ authorize and consent Family Service to use and reproduce any and all photographs and any other audio-visuals taken of me for promotional material, educational activities, or any other use for the benefit of the organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under the age of 18 years, a parent or guardian must sign below:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_