



Intern/Volunteer Application form

525 South 300 West
Salt Lake City, Utah 84101

Phone (801)521-4473

Fax: (801) 521-6242

The following information is requested to help us make the best possible placement of volunteers within CDLF. Please complete all portions of this form. We appreciate the time you spend completing this form and your desire to help our agency and the families we serve.

Personal Information

Date: _____

Date of Birth ____/____/____ (Requirement for Background Criminal Investigation)
MM/DD/YYYY

When are you available to begin volunteer: Weekday Weeknights Weekend
Preferred time Schedule: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Tel: () _____ Cell Tel: () _____ Work Tel: () _____

Program Interest: _____ Community Programs _____ Family Literacy _____ Head Start Initiatives

Language: _____ English Spanish Email: _____

License/Certificate Yes No If yes, which State/Country: _____

Years of Post High School Education: _____ Profession: _____

Emergency Contact: (Name) _____ **(Tel)** _____

Volunteer Service Interest (Mark a "X" with your preference)

| | | |
|---------------------|--------------------------|-------------------------|
| Advisory Council | Head Start Recruiting | Office Work |
| Case Management | Health Services | Parent Center Committee |
| Community Outreach | Information/Referral | Parent Policy Council |
| Interpretation | Information Technology | Translation |
| Crisis Intervention | Special Events | Transportation |
| Family Advocacy | Legal Services | Other: _____ |
| Field Trips | Maintenance/Construction | |
| Food Service | Material Preparation | |
| Fundraising | Mental Health | |

SPECIFIC COMPUTER KNOWLEDGE AND SOFTWARE OTHER SPECIAL TRAINING OR SKILLS

Volunteer Location Preference: Box Elder County Cache County Salt Lake County
Sanpete County Utah County

Specific computer knowledge and software, or other special training or skills you have

Are you a Head Start Parent? Former Head Start Parent? Community Member

Do you know any Centro de la Familia staff member? Yes No

Name: _____

Volunteer Comments: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my **registration for volunteer service** with Centro de la Familia, I hereby authorize Centro de la Familia to conduct background check and Sex Offenders registry check to ascertain any and all information that may be pertinent to my volunteer qualifications. I do hereby release all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

Volunteer Signature: _____ Date: _____

Office Use Only

Volunteer Type: _____ Volunteer _____ Intern

Offenders registry: _____ Pass _____ Rejected

BCI Status: _____ Pass _____ Pending _____ Rejected

Registry Completed Date: _____

BCI Completed Date _____

BCI Clearance Date: _____

Office staff Name (Print): _____ Signature: _____

Additional notes:

