

CENTRO de la FAMILIA de UTAH

Intern/Volunteer Registration Form

3780 South West Temple
 South Salt Lake, Utah 84115-4461
 Fax (801) 521-6242

Toll Free (800) 621-5322

Phone (801) 521-4473

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: _____ SSN: -- -- (Required for Background Criminal Investigation)

Date of Birth: (Required for Background Criminal Investigation)
 Year Month Day

When are you available to begin volunteer: Weekday Weeknight Weekend
 Preferred time schedule: _____

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Tel: () _____ Work Tel: () _____

Program Interest: Community Development Family Literacy Head Start
 Educational Initiatives

Language: English Spanish Email: _____

License/Certificate 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 <input type="checkbox"/>	Head Start Recruiting <input type="checkbox"/>	Office Work <input type="checkbox"/>
Case Management <input type="checkbox"/>	Health Services <input type="checkbox"/>	Parent Center Committee <input type="checkbox"/>
Classroom/Education <input type="checkbox"/>	Information/Referral <input type="checkbox"/>	Parent Policy Council <input type="checkbox"/>
Community Outreach <input type="checkbox"/>	Information Technology <input type="checkbox"/>	Translation <input type="checkbox"/>
Interpretation <input type="checkbox"/>	Special Events <input type="checkbox"/>	Transportation <input type="checkbox"/>
Crisis Intervention <input type="checkbox"/>	Legal Services <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Family Advocacy <input type="checkbox"/>	Maintenance/Construction <input type="checkbox"/>	
Field Trips <input type="checkbox"/>	Material Preparation <input type="checkbox"/>	
Food Service <input type="checkbox"/>	Meeting Preparation <input type="checkbox"/>	
Fundraising <input type="checkbox"/>	Mental Health <input type="checkbox"/>	

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

SPECIFIC COMPUTER KNOWLEDGE AND SOFTWARE. OTHER SPECIAL TRAINING OR SKILLS

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

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

Name: _____

Volunteer Comments: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my **registration for volunteer service** with Centro de la Familia de Utah, I hereby authorize Centro de la Familia de Utah to conduct background checks 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.

I understand my name, social security number and date of birth will be used to conduct a background criminal investigation with the State of Utah.

I authorized law enforcement agencies to release such information to CDLF without restriction or qualification. I voluntarily waive all recourse and release them from liability for complying with this authorization.

Volunteer Signature

Today's Date

Office Use Only

Volunteer Type V
BCI Status P

I
 W

CDLF Initial: _____ Date: _____