

INTERN/VOLUNTEER APPLICATION FORM

The information requested below will help us ensure the best possible placement of volunteers within Centro de la Familia. Please complete all sections of this form. We sincerely appreciate your time and your willingness to support our agency and the families we serve.

PERSONAL INFORMATION

Date: _____

Full Name: _____

Date of birth: _____

(Requirement for background check)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Spanish Speaker (circle one): Yes / No

Education Level: _____

Profession: _____

Emergency Contact:

Name: _____ Phone #: _____

Preferred Volunteer Schedule:

- ☐ Weekday
☐ Weeknight
☐ Weekend

Volunteer Interest:

- ☐ Pre-School Class Volunteering
☐ After School Programs
☐ Adult Education

Are you seeking college credit? (circle one): Yes / No

Location Preference (State & City): _____

Current or Former Head Start Parent
(circle one): Yes / No

Do you know a CDLF employee? (circle one): Yes / No
Name: _____

Please list any specific computer skills, software knowledge, or specialized training you have:

In connection with my application to volunteer with Centro de la Familia, I hereby authorize Centro de la Familia to conduct a background check, including a review of the Sex Offender Registry, to obtain any and all information relevant to my volunteer qualifications.

I fully release Centro de la Familia, as well as any individuals, organizations, or government agencies providing such information, from any and all liability related to the disclosure or use of this information.

Volunteer Signature: _____

Date: _____



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FOR OFFICE USE ONLY:

Volunteer Type: ☐ Volunteer ☐ Intern

Sex Offender Registry Check: ☐ Pass ☐ Rejected

BCI (Background Check) Status: ☐ Pass ☐ Pending ☐ Rejected

Registry Check Completed Date:

BCI Check Completed Date:

BCI Clearance Date:

Reviewed By (Staff Name - Print):

Signature:

Additional Notes:
