



# Volunteer & Internship Enrollment Form

Families First Center

605 Portage Ave. South Bend, IN 46616

Admin: 574.287.4375, Fax: 574.288.0691

[www.familiesfirstcenter.org](http://www.familiesfirstcenter.org)

## Families First Center

AGENCY USE ONLY

Program Placement: \_\_\_\_\_

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

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street/Box # City State Zip

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: (e.g. spouse, parent) \_\_\_\_\_

Volunteer/Internship Opportunities that you are interested in: (check all that apply)					
<input type="checkbox"/>	Community Outreach Volunteer	<input type="checkbox"/>	Event Specialist	<input type="checkbox"/>	Grant Writer & Researcher
<input type="checkbox"/>	Day of Event	<input type="checkbox"/>	Technology Guru	<input type="checkbox"/>	Office Assistant
<input type="checkbox"/>	General Facilities Helper	<input type="checkbox"/>	Business Marketing Volunteer	<input type="checkbox"/>	

If you are volunteering/interning for school credit, please complete the following:

Number of hours needed: \_\_\_\_\_ Requested Completion Date: \_\_\_\_\_

Indicate the days and times you are available in the appropriate box below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

References: (list three non-relative references – employer, friend, neighbor, co-worker, etc.)

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Education			
School	From	To	Did you graduate?
Location		Type of Degree or Diploma	
School	From	To	Did you graduate?
Location		Type of Degree or Diploma	

Paid/Volunteer Work Experience			
Agency/Organization	From	To	Position
Duties			
Agency/Organization	From	To	Position
Duties			
Agency/Organization	From	To	Position
Duties			

**Criminal History/Criminal Background Check**

Have you ever been convicted of any criminal offense? Yes                  No  
 If yes, please explain

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As part of your volunteer application, you will be asked to complete a Criminal Background Check, Child Protective Services Check, a National Sex Offender Check, and Fingerprint based background check.

**VOLUNTEER/INTERN AUTHORIZATION**

*Please read the following statement. Initial using the line to the left and sign and date your full name on the signature line at the end.*

\_\_\_\_\_ **Authorization to Investigate:** I authorize Families First Center to investigate all information contained in this application and I authorize all persons, institutions, organizations and companies to furnish all pertinent information known to them about me. I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal. I will also indemnify Victim Support Services against any liability, which might result from making such investigation.

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Applicant Signature Date

*Thank you for your interest in volunteering with Families First Center!*