

**VOLUNTEER APPLICATION**

*"Volunteers are the only human beings on the face of the earth who reflect this nation's compassion - unselfish, caring, patience and just plain loving one another."*

- Erma Bombeck -

Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: ☐ Male ☐ Female

**Volunteer Interests:**

<input type="checkbox"/> Mentoring of Adults	<input type="checkbox"/> Mentoring of Children	<input type="checkbox"/> Prevention/Education in Schools
<input type="checkbox"/> Family Peer Services	<input type="checkbox"/> Peer Recovery Services	<input type="checkbox"/> Community Prevention/Education
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Recovery Aftercare Programming
<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Office Work/Mailings	<input type="checkbox"/> Senior Citizen Friendships

**Availability:**

☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekdays ☐ Weekends

How many hours, on average, are you available to work each week? \_\_\_\_\_

**Special Skills and/or Qualifications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Certifications:**

\_\_\_\_\_

**Past Volunteer Experiences:**

Agency \_\_\_\_\_ Staff Contact \_\_\_\_\_

Agency \_\_\_\_\_ Staff Contact \_\_\_\_\_

Agency \_\_\_\_\_ Staff Contact \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If yes:

Employer \_\_\_\_\_ Position \_\_\_\_\_

How long? \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

How long? \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of any violation of the law except for minor traffic tickets? ☐ Yes ☐ No

If yes, please give dates and details: \_\_\_\_\_

Do you have a valid driver's license? ☐ Yes ☐ No If yes, State and License # \_\_\_\_\_

Personal References:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I certify that the information provided is true and complete. I authorize the Center for Family Life and Recovery, Inc. to contact employment and personal references listed on this application. I understand that, as a volunteer, I will comply with the policies of the agency and respect confidentiality of all of the agency's clients and consumers. I further understand that submission of this application does not obligate me to accept a volunteer assignment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Photo and Video Release Form

I, the undersigned, hereby grant Center for Family Life and Recovery Inc., (CFLR, Inc.) permission to take pictures, audiotape, and videotape the undersigned as part of my participation in CFLR, Inc. programming or training for promotional purposes. I also agree to give CFLR, Inc. unlimited right to use and/or reproduce photographs, audiotape, and video tape for all of the external and internal promotional and informational activities of CFLR, Inc. I also agree if my child is a participant in CFLR, Inc. programming to allow my child's photographs, if applicable, to be published on the CFLR, Inc. Internet/Intranet Web Pages, CFLR publications, CFLR, Inc. articles. I further understand that by signing this release, I waive any and all present, or future rights to the use of the above stated material(s). I release the CFLR, Inc. program of any liability that said commercial use may cause family members or myself.

### Adult

Adult (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### Youth

Youth (print name): \_\_\_\_\_

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

Parent/Guardian (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

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### **TO BE COMPLETED CENTER FOR FAMILY LIFE AND RECOVERY, INC. STAFF ONLY.**

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

Type of Material: ☐ Photograph ☐ Slide ☐ Videotape ☐ Article ☐ Other \_\_\_\_\_

Use of Material *(Please provide additional information such as name of news outlet, brochure, purpose of presentation, etc.)*

☐ News Outlet ☐ CFLR Inc. website ☐ Brochure ☐ Oneida Co. Youth Bureau ☐ Power Point Presentation

☐ Other \_\_\_\_\_



# National Background Investigations, Inc.

P O Box 966, Stevensville, MD 21666

Telephone: 410-604-6200 / FAX: 410-604-2496

## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize Center for Family Life and Recovery, Inc. or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release any discharge my prospective employer or other source providing information from all claims and damages arising out of or releasing to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY – ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

Name \_\_\_\_\_ Alias / Other \_\_\_\_\_  
(First, Middle, Last – Print Clearly)

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_

Current Addr \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Dates / From \_\_\_\_\_

Prev. Addr 1 \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Dates / From \_\_\_\_\_

Prev. Addr 2 \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Dates / From \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### IMPORTANT: FOR CLIENT USE ONLY – Mark an "X" for any of the following:

Would you like NBI to also check Alias / Other name given? ☐ Yes ☐ No  
(Be advised there is an additional charge per alias name)

Criminal History Record Search: ☐ Current Address ☐ Previous Address (1) ☐ Previous Address (2)

FRS PAST / SSN: ☐ Federal Criminal ☐ "U.S. Search" ☐ Credit Profile

MVR – Driving Record (Specify State) \_\_\_\_\_

Sex Offender Registry: List Series \_\_\_\_\_

Statewide Criminal Search: \_\_\_\_\_

Verification (Specify Number of Items) ☐ Education ☐ Prof. License ☐ Employment ☐ Federal Civil

Civil Judgment: ☐ Upper Court ☐ Lower Court ☐ Workers Comp ☐ Federal Tax Lien Search  
☐ State Tax Lien Search ☐ Bankruptcy Search

