



## Ongoing Volunteer & Intern Application

Office Use Only	
Date Received	_____
Orientation	_____
Date entered into database	_____
Background Check:	
<input type="radio"/> OK /	<input type="radio"/> NOT OK

To Submit: Once you have completed this form, click the print icon in your computer's upper right corner. Select "Save as PDF" for Destination. Save to your computer, then attach and send to VolunteerInfo@familypeacecenter.org.

### Contact Information

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

Preferred Name or Nickname: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Preferred Phone: \_\_\_\_\_  Home  Cell  Business

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Emergency Information

Allergies: \_\_\_\_\_

**In case of emergency, please list someone who can be contacted should the need arise.**

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Education & Personal Background Information

Educational Background: \_\_\_\_\_

Certification(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous volunteer experience, (Where, when, what):

Relevant skills/experience:

Do you need accommodations? If yes, please explain:

Are you multilingual? If so, what language(s) do you speak fluently?

How did you hear about Sojourner Family Peace Center?  
(Please feel free to leave this question blank if you are uncomfortable sharing this information.)

Why are you interested in volunteering at Sojourner Family Peace Center?

What are you looking for out of this volunteer experience?

What are your hobbies and interests?

## Availability

Please consult open long-term volunteer positions at <https://www.familypeacecenter.org/volunteer> and list your top choices

Choice 1: \_\_\_\_\_

Choice 2: \_\_\_\_\_

Please indicate the times that you are available:

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday  
\_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_ Overnights

How many hours a week can you commit to: \_\_\_\_\_

## Volunteer Agreement

This volunteer application is for long-term positions only. We are looking for individuals who are committed to the mission and the training it takes to be an effective volunteer. Are you willing to commit to a consistent weekly schedule for a minimum of 6 months?

Yes       No

I certify that the statements herein are correct and true to the best of my knowledge. I understand that, if asked to volunteer, falsified statement(s) on this application shall be considered cause for dismissal.

I also confirm that I am not and have not been a client of Sojourner Family Peace Center at any time during the last six months.

Signature (type full name): \_\_\_\_\_

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

*Completion of this form does not guarantee an applicant status or placement as a volunteer with Sojourner Family Peace Center. Sojourner accepts applications for volunteer service with the understanding that volunteer service is at the sole discretion of the agency. Sojourner reserves the right to make decisions regarding volunteer service on a case by case basis and may decide to turn away a volunteer applicant or terminate a volunteer's service with the agency at any time, for whatever reason.*

*To maintain a safe environment for our clients, employees and volunteers, Sojourner Family Peace Center conducts Caregiver and Criminal background checks. Once you have submitted your completed Volunteer Application, our Volunteer Coordinator will contact you with further details.*

Thank you for your interest in Sojourner Family Peace Center and our mission!