



Dear Prospective Volunteer,

Thank you for your interest in volunteering for Family Crisis Council and supporting our mission to help survivors of domestic violence, sexual assault, and human trafficking. The steadfast dedication and tireless energy of volunteers sustains the life-saving services of our organization.

Family Crisis Council partners with volunteers to provide both direct and indirect services. In direct service opportunities, volunteers work with our clients and are required to participate in advocacy training prior to service. In indirect service opportunities, volunteers assist the agency in other ways, such as special event support, administrative support, and shelter upkeep. In your application, we ask you to designate if you will initially pursue direct or indirect service. Please note that this does not limit your future avenues of service, but instead helps us individualize your training requirements. The current needs of the agency may take precedence in the placement process; therefore, your flexibility is appreciated.

In addition, the agency is required by law to conduct criminal background checks on all prospective volunteers. The accompanying form authorizes Family Crisis Council to initiate this process. Our agency covers the cost of conducting the background check and keeps the results confidential. Should anything of concern arise from the background check, this information will only be shared among the prospective volunteer, the Executive Director. You are encouraged to contact the Executive Director if you have any questions or concerns during the application process. Upon receipt of your completed application, the Executive Director will contact you to set up a personal interview.

We look forward to receiving your application and thank you for your willingness to support individuals who are seeking to rebuild their lives free from violence.

Thank you,
Family Crisis Council of Rowan County
Administrative Team

VOLUNTEER APPLICATION

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

APPLICANT INFORMATION

Full Name: _____ Today's Date: _____
Address: _____ City: _____
Zip Code: _____ County: _____ Date of Birth: _____
Phone Number: _____ Best Hours to Reach: _____
Email Address: _____ Gender: _____
Languages Spoken Fluently: _____ Ethnicity: _____

NOTE: GENDER & ETHNICITY ARE NOT REQUIRED, BUT WILL HELP FAMILY CRISIS COUNCIL WHEN APPLYING FOR GRANT FUNDING.

EDUCATION

High School: _____ Years Attended: _____
Address: _____ Did you graduate? Yes No
College: _____ Years Attended: _____
Address: _____ Did you graduate? Yes No
Other: _____ Years Attended: _____
Address: _____ Did you graduate? Yes No

WORK EXPERIENCE

Where: _____ Job Title: _____
Dates: _____ Job Duties: _____
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VOLUNTEER EXPERIENCE

Where: _____ Job Title: _____
Dates: _____ Job Duties: _____

SPECIAL TRAININGS, WORKSHOPS, INTERNSHIPS, LICENSES, CERTIFICATIONS

DESCRIPTION OF SPECIAL SKILLS, INTERESTS OR HOBBIES

PROGRAM PREFERENCE

PLEASE CHECK THE TYPE OF VOLUNTEER POSITION YOU DESIRE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative/Office Support | <input type="checkbox"/> Child Care | <input type="checkbox"/> Webmaster |
| <input type="checkbox"/> Community Outreach & Education | <input type="checkbox"/> Court Advocacy | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Victim Advocate/Hospital Accompaniment | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Trainer/Facilitator | <input type="checkbox"/> Other | <input type="checkbox"/> Crisis Line Advocate |

VOLUNTEER AVAILABILITY

PLEASE INDICATE THE TIMES WHEN YOU ARE AVAILABLE TO VOLUNTEER:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Did your employer offer a matching fund or company contribution for your volunteer service? Yes No

How did you learn about Family Crisis Council's Volunteer Program?

FCC Website Social Media School Church Newspaper Other Website or Special Event (please specify): _____

Other source (please specify): _____

Are you volunteering to fulfill school/church requirements? Yes No If yes, please specify: _____

How many hours are you required to complete? _____ By what date? _____

REFERENCES

PLEASE LIST THREE REFERENCES (AT LEAST ONE PROFESSIONAL REFERENCE):

Name: _____ Phone Number: _____

Address: _____ Email: _____

COMMENTS:
(FOR OFFICE USE ONLY) _____

Name: _____ Phone Number: _____

Address: _____ Email: _____

COMMENTS:
(FOR OFFICE USE ONLY) _____

Name: _____ Phone Number: _____

Address: _____ Email: _____

COMMENTS:
(FOR OFFICE USE ONLY) _____

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

**This document is a requirement of Intellicorp for the agreement of services rendered. However, for the purpose of employment or to serve in an Intern or volunteer capacity, Family Crisis Council will be conducting only Background Checks. **

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **Family Crisis Council** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

I have read and understand the foregoing Disclosure, and authorize the Family Crisis Council to obtain and rely upon consumer reports or investigative consumer reports in considering me as a volunteer or for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Family Crisis Council to obtain any such reports and to share the information received with any person involved in the volunteer/employment decision about me.

I do ___ do not ___ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Family Crisis Council.

Applicant Signature

Date

PERSONAL DATA

Last Name: _____ First Name: _____ Middle Name: _____

**PLEASE LIST ANY ADDRESSES LIVED AT IN THE PAST SEVEN YEARS.
(INCLUDE STREET, CITY, STATE & ZIP CODE)**

DATES OF RESIDENCE:

_____	_____
_____	_____
_____	_____

Date of Birth: _____ Other Names Used: _____ Years used: _____
INCLUDING MAIDEN NAMES:

Social Security Number: _____ Driver's License Number: _____ State: _____

Email Address:
**(MAY BE USED FOR OFFICIAL
CORRESPONDENCE)** _____

I have the right to make a request to IntelliCorp Records, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc. has previously furnished within the two year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE