

**The Family Resource Center**  
5445 College Corner Pike  
P.O. Box 108  
Oxford, OH 45056  
(513) 523-5859

**VOLUNTEER APPLICATION**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
                    Street Address

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

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

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Experience:  
\_\_\_\_\_

Volunteer Experience:  
\_\_\_\_\_

Highest or Current Education Level (i.e. 12<sup>th</sup> grade): \_\_\_\_\_

Last School/College Attended: \_\_\_\_\_

Major (if any): \_\_\_\_\_ Degree (if any): \_\_\_\_\_

Skills: \_\_\_\_\_

Volunteer Preferences (check ALL that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Office/Clerical      | <input type="checkbox"/> Grounds/Maintenance | <input type="checkbox"/> Food Distribution          |
| <input type="checkbox"/> Child Care           | <input type="checkbox"/> Tutoring            | <input type="checkbox"/> Donation sorting           |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Receptionist        | <input type="checkbox"/> Publicity/Public Relations |
| <input type="checkbox"/> Other _____          |  |   |

How did you hear about the agency? \_\_\_\_\_

Why do you want to volunteer at The Family Resource Center?  
\_\_\_\_\_

Availability (please write available times for each day):

\_\_\_\_\_ Mon.    \_\_\_\_\_ Tues.    \_\_\_\_\_ Wed.    \_\_\_\_\_ Thurs.    \_\_\_\_\_ Fri.

References (local):

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that all statements contained in this application are correct and without omission. I understand that if any of the information contained in this application is incorrect or incomplete, it may be sufficient cause for The Family Resource Center operated by Oxford Talawanda Community Services, Inc. to terminate or decline to grant any volunteer status. I hereby authorize any designated representative of The Family Resource Center the right to review and/or receive a copy of this application.

I hereby authorize The Family Resource Center to contact any person, company, institution, governmental agency or organization to investigate information contained in my application. I hereby release any such person, company, institution or governmental agency from any liability in disclosing and/or furnishing information to The Family Resource Center. I understand that this authorization may be reproduced as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number  
(optional)

Return application to: The Family Resource Center  
P.O. Box 108  
Oxford, Oh 45056