



# Volunteer/Intern Application

Contact Information: 201 23<sup>rd</sup> Avenue North, Nashville, TN 37203 Phone: 615-320-0591 x133 Email: [hrdept@fcsnashville.org](mailto:hrdept@fcsnashville.org)

**Thank you for your interest in becoming a volunteer/intern at Family & Children's Service!**

Name \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular Phone/Other # ( \_\_\_\_\_ ) \_\_\_\_\_ Other # ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date available to start a volunteer/intern position for F&CS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Days of the week and times you are available to volunteer/intern (please check all that apply):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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"/>
During Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred # hours per week: \_\_\_\_\_ Are you interested in a  Volunteer position or  Intern position?

Are you a student?  Yes  No If so, is this position required for school?  Yes  No

Do you require supervision by licensed personnel  Yes  No If no, any requirement? \_\_\_\_\_

What programs would you like to participate in:

- Crisis Center
- Group Mentoring/Tutoring
- Children's Activities Group
- Materials Assistance Aid
- 211 Information & Referral Line
- Administration
- Case Management (Interns Only)
- Other \_\_\_\_\_

Which age group(s) would you prefer to work with (if applicable)?  
 Infants/Toddlers (0-2)  Preschoolers (3-4)  Elementary (5-8)  Preteens(9-11)  
 Teens(12-14)  Upper Teens(15-18)  Adults  Elderly

How did you hear about our organization or this volunteer/intern opportunity? \_\_\_\_\_  
Why are you interested in becoming a volunteer/intern with this program? \_\_\_\_\_

Can you travel if a volunteer/intern work requires it? .....  Yes  No

Have you ever volunteered, interned or been employed by F&CS before? .....  Yes  No  
If yes, give dates and positions .....

Have you ever filled out an employment or volunteer/intern application here before? .....  Yes  No  
If yes, give dates and positions .....

Do you have any relatives employed at F&CS? .....  Yes  No  
If yes, please list .....

Have you ever been terminated from any prior employment, volunteer work, or internship? .....  Yes  No  
If yes, explain .....

I understand that Criminal Background Checks (including, but not limited to FBI & TBI printing ) will be a part of my background checks. A motor vehicle report will also be obtained regarding my driving record, if applicable to position. [ ] Initial here.  
Answering "yes" to the following questions does not constitute an automatic bar to volunteer opportunities. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No  
If yes, please provide date(s) and details \_\_\_\_\_

## Volunteer, Internship or Employment History

Starting with your most recent volunteer position, internship or employer; provide the following information.

<b>Employer</b>	Telephone #	
Street Address	City	State
Starting job title/final job title	Dates employed:      Month    Year      to      Month    Year Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$                      per Commission/Bonus/Other Compensation    \$ Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$                      per Commission/Bonus/Other Compensation    \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
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Street Address	City	State
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		
What additional volunteer/internship experience/training do you have? _____		
_____		
_____		

## Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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**Additional Skills** (Check appropriate boxes and explain.)

<input type="checkbox"/> Computer Software Skills _____	Years: _____
<input type="checkbox"/> Languages spoken/read fluently _____	Years: _____
<input type="checkbox"/> Other _____	Years: _____

## References

List 3 business references not related to you and not a previous supervisor. If not applicable, list 3 school or personal references not related to you.

Name	Relationship to You	Email	Years known	Daytime Telephone
				(    )
				(    )
				(    )

## Volunteer/Intern Applicant Statement

I certify that all information I have provided in order to apply for and secure volunteer/intern opportunity with this agency is true, complete and correct. I expressly authorize, without reservation, the agency, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or interview, including criminal background, driving record, and FBI/TBI fingerprint checks. I hereby waive any and all rights and claims I may have regarding the agency, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in this process and all other persons, corporations or organizations for furnishing such information about me.

I understand that I am free to end my volunteer/intern relationship with F&CS at any time, with or without cause and with or without prior notice, and the agency reserves the same right to end my volunteer/intern relationship at any time, with or without cause and with or without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the agency is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the agency's president. I understand that any offer of volunteer/intern opportunities is contingent upon the results of the aforementioned background checks. I understand that this agency is in compliance with the equal opportunity guidelines and with the Non-Smoker Protection Act of Tennessee and is a smoke-free workplace.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for volunteer opportunities and/or employment, or may result in my immediate discharge from the agency's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Volunteer/Intern Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name** \_\_\_\_\_ 8/2011