

Volunteer Application

The information contained in this form is confidential

*Required fields marked with an asterisk

General Information

*First Name / Middle Name / Last Name:

*Date of Application:

*Address: (Street / City / State / Zip)

*Are you over 18?

Y N

Email:

*Day Phone:

*Evening Phone:

*Who should we contact in an emergency? (Name / Relationship)

*Emergency contact's phone #'s:

*Do you have a valid driver's license *and* regular access to a vehicle? Y N

*Driver's license: (State / Number)

*Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? Y N

If yes, please describe:

Court Appointed Applicants Only

Are you seeking to earn community service hours through court appointment? Y N

How many hours do you need?

By what date? (Month / Day / Year)

Please provide the details of your charge:

Applicants seeking to earn community service hours through the court system must provide Families in Transition either a court docket containing the charge for which they have been mandated to perform community service hours, or an official letter from their lawyer containing the details of their charge, written on their firm's letterhead. *This document must be submitted along with the rest of the application materials.*

For more information on volunteering, donating to our thrift stores, running a collection drive or helping Families in Transition in other ways, visit our website: **www.fitnh.org**

Skills and Interests

Why do you want to volunteer at Families in Transition?

Please describe your volunteer experience or community service activities:

Please list any languages you speak:

Please indicate in which department(s) you would like to volunteer:

Youth Department

OutFITters Thrift Store

Adult Programming

Maintenance

When are you available to volunteer? (please select from drop-down lists)

Mon: Tues: Wed: Thurs: Fri: Sat:

Please describe any additional skills or experience:

How did you hear about volunteering at Families in Transition? (please select from list)

Background & History

What is your highest level of education?

Please list program(s) of study if applicable:

*Current Employer / Position / Dates of Employment:

Have you ever volunteered at FIT Before? **Y** **N**

If yes, what dates? to

*Do you consent to a Criminal Background Check?

Y **N**

*Do you or a family member have a prior relationship and/or affiliation with Families in Transition? **Y** **N**

If yes, please describe:

*Have you ever been arrested or convicted of a crime other than a traffic violation? **Y** **N**

If yes, please provide charge and date:

*Have you ever had a founded case with the Department of Health & Human Services, Division of Children, Youth and Families (DCYF) or the Division of Elderly and Disabled? **Y** **N**

If yes, do you give Families in Transition permission to obtain information pertaining to this case? **Y** **N**

Once completed in full, return this application to volunteer@fitnh.org. You can also choose to print and submit this application via U.S. mail to:

Manager of Volunteers & FIT VISTA Program, 122 Market Street, Manchester, NH 03101

