



**FAMILY JUSTICE CENTER
VOLUNTEER CHAPLAIN APPLICATION FORM**

PLEASE PRINT IN BLACK INK

NAME:			
Last	First	Middle	Suffix

THE FOLLOWING INFORMATION IS CONFIDENTIAL

MAILING ADDRESS:			
Street	Apt/Unit or PO Box		
City	State	Zip Code	

HOME NUMBER: ()	CELL PHONE NUMBER: ()
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E-MAIL ADDRESS:

What is the best way to contact you (Please Circle)?	HOME	CELL	E-MAIL
What is the best time of day to contact you (Please Circle)?	Morning	Afternoon	Evening

ARE YOU OVER 18?	(Please Circle)	YES	NO
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BACKGROUND CHECK: A background check is required to volunteer at the Family Justice Center.

LANGUAGE PROFICIENCY: List language skills, other than English, you have and your level of proficiency: speak, read, write, etc.)	
Language:	Level of Proficiency:

HIGHEST LEVEL OF EDUCATION: (Please Circle)		
GED	HIGH SCHOOL DIPLOMA	TECHNICAL SCHOOLING
COLLEGE	MASTER'S DEGREE	OTHER

PLEASE LIST ANY DEGREES, CERTIFICATIONS, OR LICENCES HELD

Religious Training (Please List)	Religious Affiliation (Please List)	Certificate or Licensure
		YES NO

CURRENT EMPLOYMENT		
EMPLOYER/Kind of Business	Your Job Title	DATES OF EMPLOYMENT
Address (Street)	City, State, Zip Code	From: Mo Yr
Supervisor Name:	Title:	To: Mo Yr
	Phone:	
Duties		Number of Employees Supervised

REFERENCES		
List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the volunteer position for which you are applying.		
Reference One: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone
Reference Two: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone
Reference Three: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone

Pre-Interview Information

1. Have you used illegal drugs in the last three (3) years? Y N
2. Have you been arrested for any crime in the last 10 years? Y N
3. Have you been involved in any illegal activity that would disqualify you as a volunteer? Y N
4. Are you able to volunteer a minimum of 4 hours per month? Y N
5. Are you unable to make a six month commitment to the FJC as a Volunteer? Y N

If you answered (Y) yes to any of the above please explain:

CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a volunteer position with the Family Justice Center of Hillsborough County.	
Signature	Date

ADMINISTRATION					
First Position:			Second Choice:		
Day(s) able to volunteer:					
Mon	Tue	Wed	Thur	Fri	
Shift able to volunteer: 8:30am - 12:30pm		12:30pm- 4:30pm		4:30pm-8pm	
Training (mark when completed):					
FJC 101:		Date completed: _____			
FJC 201:		Date completed: _____			
FJC 301:		Date completed: _____			
FJC 401 :		Date completed: _____			
Helping Hands:		Date completed: _____			
The Gift of Presence:		Date completed: _____			

FOR FJC USE ONLY	
Application Received:	Application Entered:
Application Reviewed:	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept:	
<input type="checkbox"/> Interviewed <input type="checkbox"/> Background packet <input type="checkbox"/> Background checked <input type="checkbox"/> Assigned to Academy <input type="checkbox"/> Assigned to Position	