

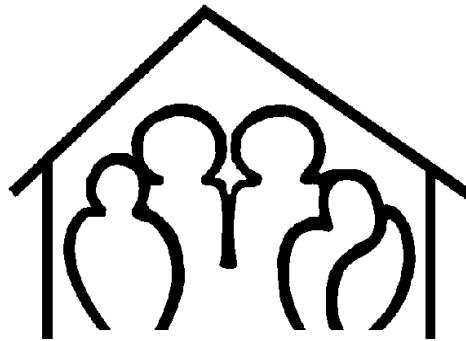
VOLUNTEER / INTERN APPLICATION

Important Notice:

IF YOU ARE UNABLE TO OBTAIN FINGERPRINT CLEARANCE THROUGH THE ARIZONA DEPARTMENT OF PUBLIC SAFETY, YOU WILL NOT BE ELIGIBLE TO VOLUNTEER OR COMPLETE AN INTERNSHIP WITH THIS AGENCY.

IF YOU HAVE BEEN A CLIENT AND/OR RECEIVED SERVICES FROM NORTHLAND FAMILY HELP CENTER IN THE LAST 12 MONTHS, YOU WILL NOT BE ELIGIBLE TO VOLUNTEER OR TO COMPLETE AN INTERNSHIP WITH THIS AGENCY.

THANK YOU FOR YOUR COOPERATION IN THIS PROCESS



NORTHLAND FAMILY HELP CENTER

2532 N 4TH Street, #506

Flagstaff, AZ 86004

928-774-4503 * Fax 928-774-5809

www.northlandfamily.org



VOLUNTEER APPLICATION

Name
Address
Home Phone
Work Phone
Cell Phone

Certifications you hold:
Language(s) you speak:
Language(s) you write:
Program you are interested in volunteering for:
Days you prefer to volunteer:

Level of Education Completed:
Major Course of Study

Why do you wish to volunteer at Northland Family Help Center?
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Have you had any experience or training working with women or children in crisis?
Please list any prior volunteer experiences.

Please list any special skills or interests

Are you currently a student?

If yes, are you required to perform volunteer work for a class?

If yes, for which class and what is your requirement?

REFERENCES

List name and phone or e-mail of at least three references that are NOT related to you

Name	Phone or E-Mail	Type of Reference (Bus, Personal, School)	Years Known	_

I understand that if my services are accepted as a volunteer, that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give Northland Family Help Center the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Northland Family Help Center does not unlawfully discriminate in employment or acceptance of volunteer services, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal Law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Northland Family Help Center and still wish to be considered for volunteering, it will be necessary to fill out a new application.

If my services as a volunteer are accepted, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my services as a volunteer at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the Executive Director, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the Executive Director.

I understand that volunteers who may have contact with clients must successfully complete a background check and obtain a Fingerprint Clearance Card.

I also understand that pursuant to Northland Family Help Center's licensure requirements, that volunteers must be at least 21 years of age. Students completing an internship must be at least 18 years of age.

I understand that if my services as a volunteer are accepted, I will be required to provide proof of identity.

I represent and warrant that I have read and fully understand the foregoing and seek to provide my services as a volunteer to Northland Family Help Center under these conditions.

Signature of Applicant

Date