



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: ()

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

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

Statement of Faith

Statement of Faith: Please share in a few words your personal statement of faith and the reasons you desire to provide spiritual care to victims of domestic violence.

[illegible]

Please attach additional pages if you need more room.

Please return this application to Community Outreach Coordinator, Jennifer Street at jstreet@fichc.org

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: __ Accepted __ Rejected __ Conditional Accept		
Reason for reject/conditional accept:		
__ Interviewed __ Background packet __ Background checked __ Assigned to Academy __ Assigned to Position		