



Volunteer Application

Volunteer Information (Please write legibly)

Name:	DOB:	Age:
Address (Street, City, Zip):		
Primary Phone # (Include Area Code):		
Email Address:		

Emergency Contact

Name:	Phone Number:
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Employment Information

Employer:	Current Position:
Address:	
Phone:	Schedule:

Educational Information

Education Level:	
<input type="radio"/> Some high school	<input type="radio"/> High school / GED degree
<input type="radio"/> Some college	<input type="radio"/> College Graduate
<i>List Major:</i>	



Cuyahoga County Division of Children and Family Services
3955 Euclid Avenue, Cleveland, Ohio 44115
(216) 431-4500
24-Hour Children's Hotline 696-KIDS (5437)
Ohio Relay Service (TTY) 711

Volunteer Experience

Have you ever worked/volunteered with abused/neglected children? If yes, where and what did you do?
If no, have you ever volunteered for any organization? If yes, where and what did you do?

Tell us about yourself (interests, skills, hobbies, etc.):

Why do you want to volunteer with Cuyahoga County Children and Family Services?

What do you hope to gain from your volunteer experience?

What is your availability?



References

Please provide the names of three (3) persons (NON-RELATIVES) who can provide information about your character and suitability for volunteer work in a child welfare agency.

1	Name:	Relationship:
	Address:	
	Phone #:	Email:

2	Name:	Relationship:
	Address:	
	Phone #:	Email:

3	Name:	Relationship:
	Address:	
	Phone #:	Email:



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Acknowledgement

Cuyahoga County Division of Children and Family Services ("CCDCFS") reserves the right to reject a candidate as a volunteer for any reason which CCDCFS, in its sole judgment, determines may effect the best interest of CCDCFS and/or the individuals served by CCDCFS. Furthermore, CCDCFS reserves the right to withhold the reason(s) for such refusal.

I have read and understand the above and attest to the validity of the information given herein. I authorize CCDCFS to investigate and verify the contents of this application.

A copy of this release is acceptable in lieu of the original.

Signature: _____ Date: _____