

Volunteer Information

Bennett Ekandem, Volunteer Coordinator

Volunteer@fhfi.org



Thanks for your interest in volunteering with FHF! Please complete all of the following information.

Today's date _____

Name _____ Work phone _____

Street + City + Zip Code Please _____

Cell phone _____ Home phone _____ Fax _____

E-mail _____

Employer _____

Emergency contact and phone _____

Would you like to receive our monthly email of FHF News and Needs? _____

This is a list of all volunteer opportunities and skills utilized in FHF's programs.

Please checkmark all skills you're willing to share with FHF if needed, and **circle** your first choices.

- | | | |
|---|--|--|
| <input type="checkbox"/> Homework help | <input type="checkbox"/> Interview skills | <input type="checkbox"/> Moving help/ w/truck? |
| <input type="checkbox"/> Tech center/Computer lab | <input type="checkbox"/> Counseling/listening skills | <input type="checkbox"/> Repairs / Maintenance |
| <input type="checkbox"/> adults <input type="checkbox"/> children | <input type="checkbox"/> Board / Advisory Council | <input type="checkbox"/> Carpentry / construction |
| <input type="checkbox"/> Financial mgmt / budget counseling | <input type="checkbox"/> Speaking / Information fairs | <input type="checkbox"/> Languages other than English |
| <input type="checkbox"/> Lead or Resource Volunteer | <input type="checkbox"/> PR/Marketing | Specify _____ |
| <input type="checkbox"/> Legal / Accounting | <input type="checkbox"/> Newsletter layout/editing | <input type="checkbox"/> Training adults or children / Specify |
| <input type="checkbox"/> Office assistance | <input type="checkbox"/> Photography for events/press releases | topic _____ |
| <input type="checkbox"/> Meal provision | <input type="checkbox"/> Events management / assistance | |

What hours are you available? Please indicate all possibilities.

- Weekday Mornings Weekday Afternoons Weekday evenings Overnight Fri or Sat

Experience: Please list past employment and volunteer experiences. _____

How did you hear about us? Newspaper Church _____

Volunteer Decatur Hands On Atlanta

United Way Volunteer Solutions Other _____

Family Heritage Foundation

Volunteer@fhfi.org

Post Office Box 1626, Stone Mountain, GA 30086-1626

Tel: (404) 299-7766

www.fhfi.org

If you belong to other associations or groups that might like to have a speaker from FHF, would you consider providing group and contact information? _____

Please provide names and telephone numbers of two personal references who are not family members:

Signature please...

I certify that all of the information I have provided here is true and complete. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or later dismissal.

I also agree to protect the privacy of FHF's clients and to respect rules, staff, volunteers, other persons, and property. I agree to remove myself from the program at the request of Family Heritage Foundation for any failure to follow this code of conduct.

Signature _____

Date _____

Background Check Release

All volunteer positions involving contact with clients require a criminal background check. Please review this information and sign below.

I, _____ (last name) _____ (first name) _____ (middle initial)

of _____ (complete address please)

hereby authorize any federal, state, or local repository of criminal records to release all information on file to Family Heritage Foundation. I authorize Family Heritage Foundation and/or any authorized agent to gather this information at any time during my association as a volunteer with Family Heritage Foundation.

I understand this information will be used only for the purpose of assessing my fitness to volunteer and will be treated as confidential.

Date of birth _____ Social Security Number _____

Race / Ethnic Background _____ Sex / Gender _____

Signed _____ Date _____

Photo Release: Release is given for promotional use of any photos or videos taken while participating in functions conducted by the Family Heritage Foundation or its programs.

Signed _____

Date _____

Staff use: Date of FHF 101 attendance _____ For Fin Mgmt teachers, date of training _____

Last updated: Apr-05