

Changing Lives. Restoring Hope. Volunteer Application Form

Personal Details

Name:	_ Mr Mrs Miss Ms					
Postal Address:						
	County:					
Telephone: (Home)	(Mobile)					
E-Mail:	_					
Birth-date: Day / Month / Year	_					
If you are involved with us as a volunteer and an emergence	y arises, whom should we contact?					
Name: F	Relationship:					
Telephone: (Home)	(Mobile)					
Are you over the age of 19? Yes \(\square\) No \(\square\)						
Pre-Interview Information						
Have you used illegal drugs in the last three (3) years? Yes ☐ No ☐						
Have you been arrested for any crime in the last 10 years? Yes ☐ No ☐						
Have you been involved in any illegal activity that would disqualify you as a volunteer? Yes \(\subseteq \text{No } \subseteq \)						
Are you unable to volunteer a minimum of 16 hours per month? Yes No No						
Are you unable to make a one (1) year commitment to the PGCFJC as a Volunteer? Yes \[\subseteq \text{No} \subseteq \]						
If you answered (Y) yes to any of the above please explain?						

Your Skills and Interests

1. Have you ever done any volunteer work before? Yes \(\square\) No \(\square\) If you answered yes, please tell us a little about the experience.								
2. Why do you want to volunteer at the Prince George's County Family Justice Center?								
3. Do you have any particular skills or qualities that you could use in your voluntary work? Please describe your skills and experience that would benefit the Prince George's County Family Justice Center.								
4. Briefly state your knowledge and understanding of domestic violence, human trafficking, sexual assault, and elder abuse.								
5. Please list the days and times you are available to work at the Prince George's County Family Justice Center? Totally Flexible								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning								
Afternoon Evening								
6. Are you able to work from 5:00pm-8:00pm on Thursdays if needed? Yes No								
7. Are you able to assist with community outreach or off-site events on evenings and weekend? Yes \(\subseteq \text{No} \subseteq \)								
8. Are you a former victim or survivor of domestic violence, sexual assault, human trafficking, or elder abuse? If yes, when was last incident?								
Yes No Date of last incident:								
9. Are you fluent in another language? If yes, what language.								
Yes	S No Language: Level of Proficiency:							

used to determine if you meet the minimum job requirements as published in the job announcement. High School Graduate: Yes No 🗌 GED: Yes ☐ No ☐ Name and Location Degree Area of Study **College or University** Specialized Training, Trade School, etc... Other Education **EMPLOYMENT HISTORY Dates Employed Company Name** Location Role/Title

EDUCATION HISTORY: This section must be accurate and complete. The application is

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship	Phone number/Email Address

Thank you for your interest in becoming a Prince George's County Family Justice Center Volunteer.

Please email your application to mnwillis@co.pg.md.us.

One of our staff members will contact you to go over the next steps of the application process.