

VOLUNTEER APPLICATION



Covenant House

Opening Doors for Homeless Youth

HUMAN RESOURCES DEPARTMENT
 733 BREAKERS AVENUE, FORT LAUDERDALE, FL 33304
 PHONE (954) 568-7946 FAX (954) 568-7957
 Email: mstout@covenanthousefl.org
 WEB SITE <http://www.covenanthousefl.org>

Please print and complete all questions.

Last Name		First Name		Middle Name	
Address			City	State	ZIP Code
Telephone			Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
e-mail address:			Have you ever pleaded no-contest to a felony charge?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Have you ever volunteered for Covenant House? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and where?					
Are you a former CHF resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and where?					
Are you over 21 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> (Volunteers must be over 21)					

How were you referred to Covenant House Florida?

EDUCATION	Name	Address	City	State	ZIP	Degree	Major and Honors
HIGH SCHOOL							
COLLEGE							
UNIVERSITY							
OTHER EDUCATION OR TRAINING							

List any school activities or memberships in organizations that you consider relevant to your ability to volunteer.

List any skills that are relevant to volunteering at Covenant House Florida:

Please provide a copy of your resume, if possible.

EMPLOYMENT HISTORY

List employment for the past five years. Begin with the most recent employer.

Company:	Address:	Telephone Number:
Supervisor's Name:	E-mail address:	
Dates of Employment From: To:	Briefly describe your position and responsibilities:	

Company:	Address:	Telephone Number:
Supervisor's Name:	E-mail address:	
Dates of Employment From: To:	Briefly describe your position and responsibilities:	

Company:	Address:	Telephone Number:
Supervisor's Name:	E-mail address:	
Dates of Employment From: To:	Briefly describe your position and responsibilities:	

VOLUNTEER EXPERIENCE

Organization:	Address:	Telephone Number:
Dates of Service From: To:	Supervisor's Name & Title	E-mail address:
Briefly describe your volunteer position and responsibilities:		

Organization:	Address:	Telephone Number:
Dates of Service From: To:	Supervisor's Name & Title	E-mail address:
Briefly describe your volunteer position and responsibilities:		

When are you available to volunteer?

Days Nights Weekdays Weekends Other

Please indicate your area(s) of volunteer interest:

Direct Care Services: Support Services:

- CHAMP (Covenant House Addiction Management Program)
- JRT (Job Readiness Training)
- Study Hall Tutor
- Intake Assistant
- Recreation Escort
- Serenity Room Monitor
- Life Skills
- Care-giver for toddlers

Support Services:

- Clothing Room
- Administrative Clerical Assistant
- Human Resources Assistant
- Finance Assistant
- File Room Assistant
- Special Events/Development

Please write a brief essay explaining why you would like to volunteer at Covenant House Florida.

REFERENCES - Please provide two letters of personal references from non-related individuals who have known you for two or more years. Student interns will also need to provide one professional reference. These letters may be faxed to 954-568-7957 or e-mailed to mstout@covenanthousefl.org

The foregoing answers are complete and true. No information has been withheld which would affect my application unfavorably. Each of my former employers and all other persons having information concerning me are authorized to give this information to Covenant House Florida (CHF) and General Information Systems, Inc. (GiS). As a licensed child-care facility, I understand that CHF is required by Section 409.175 of Florida Statutes, Administrative Code 65C-14, to complete a comprehensive criminal and civil records check of my files. The Florida law requires Covenant House Florida to obtain personal references regarding my good moral character and I hereby authorize CHF to do so. I hereby release CHF and its agents, officers and employees from liability for any damages whatsoever incurred in obtaining all such information and references.

Having applied for volunteer service with Covenant House Florida, I understand that such service is contingent upon my fulfilling the requirement of having good moral character as established, among other things, by checking for criminal records convictions with the Florida Department of Law Enforcement and local law enforcement authorities and for all information included in the Child Abuse Registry Information System. **I understand that I will be responsible for the cost associated with instituting these background checks, and that I would be eligible for reimbursement after 90 days of volunteer service.** I give my consent to Covenant House Florida and General Information Systems, Inc. (GiS) to institute these checks. These checks are in accordance with the regulations established by the Department of Children and Families from which Covenant House Florida receives it's licensing. **I am aware that I will not be permitted to begin my volunteer service with Covenant House Florida until I have been cleared by a Florida and national criminal background search.**

Applicant Signature _____

Date _____