



# **VOLUNTEER APPLICATION**

Mail completed application to Drop-In Center Coordinator at 305 E Street NW, Washington DC 20001, fax to (202) 347-0520, or email to [brwashington@cflsdc.org](mailto:brwashington@cflsdc.org). For more information, call (202) 864-6295.



305 E Street NW  
Washington, DC 20001

phone 202.347.0511  
fax 202.347.0520  
web [www.cflsdc.org](http://www.cflsdc.org)

### **VOLUNTEERING WITH US**

Volunteers play an important role within Community Family Life Services. Volunteer duties range from helping in our clothing closet to assisting at one of our many events. Volunteers at CFLS are treasured assets and a vital factor in meeting our mission to provide homeless adults, families, and women's reentry with the tools and support they need to reconnect with their families and live life to their full potential. Anyone interested in becoming a volunteer with Community Family Life Services will be required to complete the following volunteer application forms and one or more interviews with Department staff. All volunteers will be required to show identification.

### **AVAILABLE HOURS**

Volunteering is available during the following hours:

Monday – Friday from 10:00 am to 4:00 pm

Weekend and evening hours available for special events

### **RECORD KEEPING**

All volunteers will be required to sign their hours on a daily basis using forms provided by the Department. It is the responsibility of each volunteer to sign in on the volunteer log kept in the front office.

### **MEDIA CONTACT**

Volunteers may not provide comment to the media pertaining to activities at CFLS. All volunteers will be required to sign an Image and Interview Release Form.

### **TERMINATION**

The staff volunteer coordinator has the authority to expel any volunteer from activities within CFLS.



305 E Street NW  
Washington, DC 20001

phone 202.347.0511  
fax 202.347.0520  
web [www.cflsdc.org](http://www.cflsdc.org)

## VOLUNTEER APPLICATION

Note: All information in this application will be kept strictly confidential, and shall be used only in the management of the services and programs provided by Community Family Life Services.

Mail completed application to Drop-In Center Coordinator at 305 E Street NW, Washington DC 20001, fax to (202) 347-0520, or email to [brwashington@cflsdc.org](mailto:brwashington@cflsdc.org). For more information, call (202) 864-6295.

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Best way to reach you ☐ Email ☐ Text ☐ Call

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate the day(s) and time(s) you would generally be available to volunteer your services:

	Mornings (9 am – 12 pm)	Afternoons (12 pm – 5 pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Special Events	Weekends, Evenings <input type="checkbox"/>	

How many hours per week are you willing to volunteer? \_\_\_\_\_

Please indicate if you are able to communicate fluently in: ☐ Spanish ☐ Other \_\_\_\_\_

Field of Study/Degree(s) \_\_\_\_\_

License/Certification(s) \_\_\_\_\_

How did you hear about volunteering at Community Family Life Services?

Do you have any limitations that would affect your mobility, communication, or ability to perform certain tasks? ☐ No ☐ Yes If so, please explain how we may accommodate: \_\_\_\_\_



305 E Street NW  
Washington, DC 20001

phone 202.347.0511  
fax 202.347.0520  
web www.cflsdc.org

### Interests

Please check off the volunteer positions in which you are interested.

- |   |   |
|---|---|
| <input type="checkbox"/> Adult-to-adult Mentor                                | <input type="checkbox"/> Administrative/General Clerical    |
| <input type="checkbox"/> Food pantry (Tuesdays 10am-12pm)                     | <input type="checkbox"/> Data Entry                         |
| <input type="checkbox"/> Clothing volunteer (Thursdays & Fridays 10am – 12pm) | <input type="checkbox"/> Desktop Publishing/Word Processing |
| <input type="checkbox"/> Group Projects                                       | <input type="checkbox"/> Special Events                     |
| <input type="checkbox"/> Maintenance  | <input type="checkbox"/> Fundraising/Development            |
|   | <input type="checkbox"/> Photography/Video                  |

Why do you want to volunteer for CFLS?

Have you ever volunteered before? If so, please describe any current or previous volunteer experiences.

Please list a few of your hobbies, interests, and activities. Highlight any special skills you can offer as a volunteer.

### Demographic Information

*The following questions are used only for demographic purposes in order to chart volunteer trends. Answering is voluntary.*

Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Race: ☐ African American ☐ Caucasian ☐ Latino ☐ Asian ☐ African ☐ Other

Are you a client of CFLS? ☐ No ☐ Yes If so, which program(s)? \_\_\_\_\_

### References

Please list 2 individuals (non-family members) we may contact as references. *Daytime phone number must be provided. (Court-ordered community service volunteers must provide a contact from the agency to which hours must be reported.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSONAL STATEMENT:** By signing this volunteer application, I certify the information I have provided is true and complete. I understand that any misrepresentation, willful emission, false or misleading information may disqualify me from further consideration for volunteering, or may result in my removal as a volunteer at Community Family Life Services. I understand that I must abide by all policies, rules and regulations of CFLS. I hereby grant permission for CFLS to contact my references.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_



305 E Street NW  
Washington, DC 20001

phone 202.347.0511  
fax 202.347.0520  
web [www.cflsdc.org](http://www.cflsdc.org)

### Image and Interview Rights Release

I hereby give COMMUNITY FAMILY LIFE SERVICES the absolute and irrevocable right and permission to use, adapt, modify, reproduce, distribute, and publicly display my image or likeness in whole or in part.

I further hold COMMUNITY FAMILY LIFE SERVICES harmless from any and all actions that may occur from the use, adaptation, modification, reproduction, distribution, and public display of my image or likeness in whole or in part, individually or in conjunction with other materials, in any medium now known or later developed, and for any purpose whatsoever, including but not limited to printed or electronic fundraising materials.

I hereby release, waive and discharge COMMUNITY FAMILY LIFE SERVICES and its Board of Directors from any and all demands for consideration or claims that I have or may have arising out of or in connection with the foregoing use of my image or likeness and/or that of my minor child, including but not limited to any claims or invasion of privacy, defamation, infringement of my right of publicity, copyright infringement, or any other cause of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of my image or likeness and/or that of my minor child.

I warrant and represent that I am at least 18 years old and have the authority to grant the foregoing permission and release.

I understand, acknowledge, and agree that you shall have the sole and exclusive right to all original works that use or otherwise incorporate my image or likeness and/or that of my minor child, including but not limited to all copyrights.

_____	_____
Date	Print Name
_____	_____
Date	Signature
_____	_____
Witness Print Name	Witness Signature

---

This document effectively releases Community Family Life Services from any liability resulting from copyright infringement or infringement on other rights committed by signer of this release.



305 E Street NW  
Washington, DC 20001

phone 202.347.0511  
fax 202.347.0520  
web [www.cflsdc.org](http://www.cflsdc.org)

### Volunteer Waiver

I would like to volunteer my services to the Community Family Life Services with no expectation of being paid any compensation for such services.

I hereby release Community Family Life Services from any and all liability, demands or claims for loss or damage of any kind resulting in any injury due to my service to the community.

---

Name (Print)

---

Date

---

Signature

---

Witness Signature