



FAMILY JUSTICE CENTER

Volunteer Application

Knoxville-Knox County Family Justice Center Knoxville, Tennessee

DATE: _____

Name: _____
First Middle Last

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

Address	City	
State	Zip	
Phone Number	Home	Day/Cell
E-mail		
Date of Birth: _____ Gender you identify with: _____		
Race/ Ethnicity you identify with: _____		
Are you able to make a 6-month commitment to volunteer at the FJC? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please check the days and times you are available to work at the Family Justice Center between 8:00 a.m. – 4:00 p.m. If you wish to work an entire day, you may do so and take a half hour lunch, just check both columns.

DAY	8:00 a.m. – 12:00 p.m.	12:00 p.m. – 4:00 p.m.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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Knoxville Family Justice Center

Knoxville, Tennessee

Check the Volunteer Opportunities that interest you:

DIRECT SERVICE

- Intake
- Receptionist

INTERNSHIPS

- Client Services
- Marketing
- Public Relations

NON-DIRECT SERVICE

- Data Entry
- Public Relations/Events

Education and Training History (if applicable)

School Name and Location	Dates Attended	Type of Study	Degree

How did you learn about the Family Justice Center?

- Newspaper (specify) _____
- Internet (specify website) _____
- School (specify) _____
- Family Justice Center Staff (name) _____
- Other (specify) _____

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1. Are you fluent in a foreign language? Yes No
If yes, what language? _____

2. Do you have computer skills? Yes No
If yes, please list the programs you are familiar with. _____

3. Are you a former victim or survivor of domestic violence? (Optional)
 Yes No

Work History: If you have a current resume, feel free to attach a copy to the application

Describe why you want to volunteer at the Family Justice Center:

Describe your skills and experience that you believe would benefit the Family Justice Center (you do not need to have a resume or certain types of experience, tell us what you think will be helpful):

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Describe your knowledge and understanding of domestic violence (it is okay if it is limited or none):

Please write a brief statement about yourself. Please include any organizations/ associations you are currently involved with.

____ I would, with permission and final approval, allow the Family Justice Center to use my biography in marketing materials.

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References

Please list the names and contact information for two references.
Please **do not** list relatives.

Reference 1:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

E-mail: _____

Reference 2:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

E-mail: _____

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PLEASE READ CAREFULLY BEFORE SIGNING

List all addresses you have lived at over the past 4 years:

I certify that all the statements made by me in this application are true, complete, and correct to the best of my knowledge. I hereby grant permission to the Knoxville Family Justice Center, its agents and employees to inquire or otherwise confirm the veracity of information I have given in the volunteer application process. I understand that any willful misrepresentation of the facts given in the process may constitute grounds for rejection of this application or termination of volunteer services.

By my signature below, I indicate that I understand that a Criminal Background Check and a Sex Offender and Abuse registry checks are requirements if I intend to volunteer at the FJC and give my permission for a Criminal Background Check and Sex Offender and Abuse registries check.

By my signature below, I give FJC permission to contact the references that I have listed, and I understand that any information received by the FJC in the process of obtaining reference information is strictly confidential and will not be disclosed to me.

My signature below acknowledges that I have read and understand the above statement and agrees to the contents.

Print Name

Signature

Date

Internal Use Only

Background Check:

Sex Offender/Abuse Registry:

References Checked:

Passed Failed

Passed Failed

Passed Failed

Initial/Date: _____

Initial/Date: _____

Initial/Date: _____