



# FAMILY JUSTICE CENTER

Volunteer Application

## Knoxville-Knox County Family Justice Center Knoxville, Tennessee

DATE: \_\_\_\_\_

<b>Name:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>
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### THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

<b>Address</b>		<b>City</b>	
<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Home</b>	<b>Day/Cell</b>	
<b>E-mail</b>			
<b>Date of Birth:</b> _____		<b>Gender you identify with:</b> _____	
<b>Race/ Ethnicity you identify with:</b> _____			
<b>Are you able to make a 6-month commitment to volunteer at the FJC?</b> <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		

# Volunteer Application

## Knoxville Family Justice Center

### Knoxville, Tennessee

**Check the Volunteer Opportunities that interest you:**

**DIRECT SERVICE**

- Intake
- Receptionist

**NON-DIRECT SERVICE**

- Speakers Bureau
- Office Assistant
- Data Entry and Analysis Assistant
- Public Relations/Events Bureau

**INTERNSHIPS**

- Management
- Marketing
- Public Relations
- Evaluation/Research
- Counseling

**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) \_\_\_\_\_

**Volunteer Application  
Knoxville Family Justice Center  
Knoxville, Tennessee**

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:**

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**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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**Volunteer Application  
Knoxville Family Justice Center  
Knoxville, Tennessee**

**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:** \_\_\_\_\_

**Volunteer Application  
Knoxville Family Justice Center  
Knoxville, Tennessee**

**PLEASE READ CAREFULLY BEFORE SIGNING**

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

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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 child abuse registry background are requirements if I intend to volunteer at the FJC and give my permission for Criminal Background Check and a child abuse registry background.

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.

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**Print Name**

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**Signature**

**Date**

*Internal Use Only*

Background Check:

Child Abuse Registry:

References Checked:

Passed  Failed

Passed  Failed

Passed  Failed

Initial/Date: \_\_\_\_\_

Initial/Date: \_\_\_\_\_

Initial/Date: \_\_\_\_\_