



VOLUNTEER APPLICATION FORM

For an application to be considered, all fields must be completed.

PART 1: APPLICANT INFORMATION

NAME:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER (FOR BACKGROUND CHECK):

STREET ADDRESS:

CITY, STATE, ZIP:

PREVIOUS ADDRESS (IF ABOVE IS LESS THAN 5 YEARS):

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS:

OCCUPATION AND EMPLOYER:

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR WORK:

WORK PHONE:

MAY WE CONTACT YOU AT WORK: YES NO

FORMAL EDUCATION (HIGHEST LEVEL COMPLETED):

DO YOU SPEAK ANOTHER LANGUAGE? IF SO, WHICH?

CURRENT AND PREVIOUS COMMUNITY ACTIVITIES AND VOLUNTEER WORK:

INCLUDE A BRIEF DESCRIPTION AND GENERAL TIME FRAME (ATTACH A SEPARATE SHEET IF NECESSARY):

EMERGENCY CONTACT:

EMERGENCY PHONE:

HOW DID YOU LEARN OF US?

FOR WHICH OPPORTUNITY ARE YOU APPLYING? GUARDIAN AD LITEM (GAL) YOUTH SPONSOR (YS)

WHAT ARE YOUR REASONS FOR WANTING TO BE A VOLUNTEER?

Please continue to following page.



**Children in
Placement**

Advocacy and
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PART 1: APPLICANT INFORMATION CONTINUED

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES NO

IF YES, PLEASE LIST CONVICTION, DATE, AND COURT LOCATION:

PLEASE CHECK IF YOU HAVE ANY EXPERIENCE WITH THE FOLLOWING: DEPT. CHILDREN AND FAMILIES (DCF)
 CHILD WELFARE FOSTER CARE COURT SYSTEM OTHER CHILD SERVICE AGENCIES

PLEASE EXPLAIN INVOLVEMENT:

DO YOU CONSENT TO A RECORD CHECK WITH THE DEPARTMENT OF CHILDREN AND FAMILIES? YES NO

DO YOU CONSENT TO A CRIMINAL BACKGROUND CHECK? YES NO

FOR THESE PURPOSES, PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD BY NAME:

PLEASE LIST 3 REFERENCES THAT YOU KNOW WELL, OTHER THAN RELATIVES, PREFERABLY FOR WHOM YOU HAVE WORKED IN EITHER A VOLUNTEER OR PAID CAPACITY. PLEASE INCLUDE YOUR CURRENT SUPERVISOR IF APPLICABLE.

NAME:	EMAIL ADDRESS:	PHONE:	RELATIONSHIP:
1.			
2.			
3.			

TO BE A CIP VOLUNTEER, YOU MUST BE ABLE TO ANSWER YES TO THE FOLLOWING

CAN YOU COMMIT TO 2 YEARS OF SERVICE? YES NO

DO YOU DRIVE? IF YES, PLEASE SUBMIT A COPY OF YOUR CURRENT DRIVER'S LICENSE. YES NO

DO YOU HAVE RELIABLE ACCESS TO A VEHICLE? YES NO

ARE YOU CAPABLE OF SENDING EMAILS? YES NO WITH ATTACHMENTS? YES NO

Please continue to following page.



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PART 2: WRITING SAMPLE

PLEASE ANSWER THE FOLLOWING QUESTIONS. YOU MAY ATTACH A SEPARATE SHEET OF PAPER:

1. WHAT IS YOUR PHILOSOPHY ON PARENTING, INCLUDING THE RIGHTS AND RESPONSIBILITIES OF BOTH PARENTS AND CHILDREN?

2. WHAT ROLE DO YOU BELIEVE SOCIETY SHOULD PLAY IN PROTECTING THE RIGHTS OF CHILDREN?

PART 3: SIGNATURE

CHILDREN IN PLACEMENT – CT, INC. RESERVES THE RIGHT TO MAKE ANY CHECKS DEEMED APPROPRIATE AS TO THE SUITABILITY OF ANYONE RESPONSIBLE FOR THIS CONFIDENTIAL WORK. ALL INFORMATION OBTAINED WILL BE HELD IN THE STRICTEST CONFIDENCE. ANY APPLICANT FOUND TO HAVE BEEN CONVICTED OF, OR HAVING CHARGES PENDING FOR A FELONY OR MISDEMEANOR INVOLVING A SEX OFFENSE, CHILD ABUSE OR NEGLECT, OR RELATED ACTS THAT WOULD POSE RISKS TO CHILDREN OR CHILDREN IN PLACEMENT’S CREDIBILITY WILL NOT BE ACCEPTED AS A CIP VOLUNTEER. ACCEPTANCE INTO ANY OF CIP’S PROGRAMS IS AT THE DISCRETION OF THE EXECUTIVE DIRECTOR.

APPLICANT SIGNATURE:

DATE SIGNED:

PLEASE RETURN ALL 4 PAGES OF THIS PACKET BY MAIL, FAX, OR EMAIL. SIGNATURES ON PAGES 3 AND 4 MUST BE HANDWRITTEN, NOT TYPED.

CHILDREN IN PLACEMENT
470 JAMES STREET, #007
NEW HAVEN, CT 06513

FAX: 203-784-0347

VOLUNTEER@CHILDRENINPLACEMENT.ORG

Thank you for your interest in Children in Placement. Your application will be processed soon.

This page concludes the application form.

I, _____ do hereby authorize the Department of Children and Families to research					
<i>Applicant Name</i>					
its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability solely for (check one):					
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:					
Name of Agency:			Attention:		
Children in Placement					
Address: (No. and Street):		Apartment #:	City:	State:	Zip:
470 James Street		007	New Haven	CT	06513
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search.					
Last Name:		First Name:		Middle:	DOB:
Address: (No. and Street):		Apartment #:	City:	State:	Zip:
Previous Address(es) List All for the Last Five Years (continue on reverse side of form if necessary)					<input type="checkbox"/> Check if reverse side used
Address: (No. and Street):		Apartment #:	City:	State:	Zip:
Other Names I have Used – Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)					<input type="checkbox"/> Check if reverse side used
Last Name:		First Name:		Middle:	DOB:
Name of Spouses/Other Adults in the Home – Past and Present (continue on reverse side of form if necessary)					
<input type="checkbox"/> Check if reverse side used					
Last Name:		First Name:		Middle:	DOB:
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home					
<input type="checkbox"/> Check if reverse side used					
Last Name:		First Name:		Middle:	DOB:
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant Signature:					Date:
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.					
****DCF Conducts a Search of the CT Registry ONLY**** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF					
Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071					
<i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>					
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Processors Initials:	