



## VOLUNTEER APPLICATION

Thanks so much for inquiring about volunteer work here at The Village. The Village services over 6,000 children and families each year, and our volunteer program is key to brightening children's lives throughout the year.

When completing the application, please be sure to indicate your specific volunteer interests, as well as your days and hours of availability in the specified areas. This will help us identify opportunities that would be best fit for you and our programs.

Please note that prior to volunteer placement, the necessary DCF Child Protective Services, statewide and state police background checks will be conducted on your application. In addition to clearing all background checks, you will also need to provide The Village with a negative TB test reading from within the past 12 months. If you do not have a current TB test reading, The Village can schedule a TB test appointment for you.

Please ensure that the DCF CPS Authorization for Release of Information page is legible and **fully completed**, leaving nothing blank, before sending the application to the volunteer office for processing. Incomplete forms will substantially slow down the process.

Please be aware that it will take approximately one month for the application process to be complete. Feel free to contact me if you have any questions, and thanks again for your interest in volunteering with The Village.

**Volunteer Coordinator**  
**The Village for Families & Children**  
**1680 Albany Avenue**  
**Hartford, CT 06105**  
[www.thevillage.org](http://www.thevillage.org)



(please print)

## VOLUNTEER APPLICATION

Applicant Name (include middle initial): \_\_\_\_\_ Date: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

School or temporary address: \_\_\_\_\_  
Street \_\_\_\_\_ Telephone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Employer: \_\_\_\_\_

Contact in emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

### I. Skills and Interests

Do you speak other languages besides English? (specify) \_\_\_\_\_

Training and education \_\_\_\_\_

Relevant jobs \_\_\_\_\_

Hobbies, interests, skills \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

### Availability

How often do you want to volunteer? \_\_\_\_\_

Days available: \_\_\_\_\_ Times: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ State: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Do you have automobile insurance? \_\_\_\_\_

How did you hear about the village? \_\_\_\_\_

Do you have any health restrictions/special needs to consider in assigning you to a volunteer position? (If so, please specify.) \_\_\_\_\_

### III. Volunteer Opportunities

Is there a particular type of volunteer work you are interested in? *(check all that apply)*

- Working one-on-one with a single client:
  - adults
  - teenagers
  - children
- Providing a service to several clients
- Working directly with a staff person as an assistant
- Doing public speaking, fund raising, special events, etc.
- Helping in our office with general administrative duties
- Doing research, teaching, or an individual project
- Other \_\_\_\_\_

### IV. References

*A reference check is an important part of the screening process for volunteers at The Village. Please include complete information for your references, especially daytime phone numbers, so that your references can be checked in a timely manner. References should not be relatives.*

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Relationship to reference \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Relationship to reference \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Relationship to reference \_\_\_\_\_

Thank you for applying to become a volunteer at The Village for Families & Children.  
Please visit the website to view sample Volunteer Opportunities. Please return your completed application to:

**Volunteer Coordinator**  
**The Village for Families & Children**  
**1680 Albany Avenue**  
**Hartford, CT 06105**  
[www.thevillage.org](http://www.thevillage.org)

# DISCLAIMER & RELEASE OF INFORMATION AUTHORIZATION

(Please Read Carefully Before Signing)

In consideration for employment or promotion The Villages for Families & Children, Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

**Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.**

Print Full Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for Release of Information for DCF CPS Search

DCF-3031  
12/12 (Revised)

I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
(Type Applicant Name)

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):  Employment  Day Care  Volunteer  Intern  Mentor  Other

By: Agency Name / Address/City / State / Zip Code  
Attention: Human Resources  
Agency: The Village for Families & Children, Inc.  
Address: 331 Wethersfield Avenue  
City: Hartford State: CT Zip Code: 06114

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 Dept. of Children and Families in their search.

**PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES**

Name: Last, First Middle Date of Birth: \_\_\_\_\_  
Address: Street (No P.O. Boxes) Apartment No. Social Security #: \_\_\_\_\_  
City State Zip Code How Long at Current Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

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	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

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	First	Middle	Gender	D.O.B. (Month/Day/Year)		

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED 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 – 5<sup>th</sup> Floor – Hartford, CT 06106 or FAX: 860-560-7071**

**DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_ NO \_\_\_ Processor's Initials: \_\_\_\_\_