



2301 W. Eau Gallie Blvd., Suite 104
Melbourne, FL 32935
321-752-4650
www.brevardfp.org

Brevard Family Partnership

Volunteer/Internship Application

Who is qualified to volunteer?

- Men and women 18 years of age or older
- Those candidates who successfully meet the selection criteria of the Brevard Family Partnership application process

For further information or any questions, contact:

Coordinator: Cyndi Hernandez
Main Office: 321-752-4650 ext. 3007
E-Mail: cyndi.hernandez@brevardfp.org

Note: Although volunteering for Brevard Family Partnership can certainly give a person insight into child welfare careers, BFP volunteer activities are not designed to provide either a career exploration experience or pre-professional training for participants.

Volunteer Program

Brevard Family Partnership is proud to have a volunteer workforce that helps form that partnership and works with the agency to improve the quality of life for the children and families we serve.

Volunteers work in a variety of assignments including clerical assistance, telephone contacts, and data input, and other duties as assigned. As the program grows, volunteers will assume more duties within the agency.

Internship Program

Brevard Family Partnership currently offers a Student Internship Program (non-paying) to college level students desiring to pursue a career in child welfare and who must complete an internship as part of their academic requirements.

Equal Opportunity

It is our policy to abide by all federal, state and local laws prohibiting volunteer discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status, or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

Background Screening

All volunteers are required to participate in Brevard Family Partnership's standard background screening, at no charge to the applicant, which includes checks of local, state, and federal law enforcement databases, the National Sex Offender Registry, fingerprinting, and drug screening.

Brevard Family Partnership complies with all federal and state requirements governing the selection and hiring of employees, volunteers and others who work in our Agency.

PERSONAL/CONTACT INFORMATION

Full Name: _____

Social Security Number: _____

Driver's License State: _____

Driver's License Number: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Have you lived at this address for 5 years or more? Yes No

If no, please provide your previous addresses, including county, for up to five years to date:

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Employer (if applicable): _____

Current Position: _____

Where did you hear about BFP and our volunteer opportunities? _____

CRIMINAL RECORD INFORMATION

All Applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.

1. **Convictions/Pleas.** In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above?

Yes No

2. **Pending Charges.** Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?

Yes No

If you answered YES to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. Criminal convictions or arrests will not automatically disqualify an applicant from volunteering.

Convictions/Pleas: _____

Pending Charges: _____

VOLUNTEER AVAILABILITY

Time(s) of Day: _____

Day(s) of the Week: Monday Tuesday Wednesday Thursday Friday Saturday

How often per month you would like to volunteer: Daily Weekly Monthly As needed

What attracted you to Brevard Family Partnership? _____

What skills, training or knowledge do you wish to utilize at Brevard Family Partnership? _____

What skills, training or knowledge you would like to acquire in your volunteer capacity? _____

AREAS OF INTEREST

In-office administrative and clerical support Child and family transportation

Internship Community outreach

Special events HUG Foster Family Program

Other (specify): _____

REFERENCES

Please provide three personal or professional references:

Name	Phone Number	Relationship

VOLUNTEER WORK AGREEMENT

I, the undersigned, do hereby state my desire to perform volunteer work for Brevard Family Partnership's Volunteer Program.

It is understood that no compensation will be given to me from Brevard Family Partnership for this voluntary work performed by me.

I also understand a Background Check and Criminal History will be conducted for the official use of Brevard Family Partnership.

I also understand I must complete and sign all applicable sections of my volunteer application to include the Volunteer Work Agreement, Disclosure Statement, Volunteer Code of Conduct form, Conflict of Interest form, Affidavit of Good Moral Character, Privacy Statement, Background Screening Request form, and any other required volunteer program forms.

I agree that any false or misleading information supplied by me will be cause for dismissal from the Volunteer Program.

Further, it is also understood that no benefits, to include vacation, medical insurance coverage, or any other benefits applicable to Brevard Family Partnership employees, shall apply or accrue to me as a result of this voluntary work.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that the falsification or significant omission of information requested in this application, or in the application process, may disqualify me from further consideration for a volunteer position and may be considered justification for dismissal if discovered at a later date. Understanding and agreeing to the above conditions, I hereby restate my desire to perform volunteer work for Brevard Family Partnership's Volunteer Program.

Name

Signature

APPROVED:

Cyndi Hernandez
Human Resources Manager