



389 Commerce Pkwy., Suite 120  
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[www.brevardfp.org](http://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](mailto: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 Director