

THE FOSTERING CONNECTION

511 Avenue of the Americas, #200
New York, NY 10011
thefosteringconnection@gmail.com
212-255-8895

VOLUNTEER APPLICATION

Date _____

PROFESSIONAL INFORMATION:

Name _____ M / F Degree: _____
Private Office Address _____ Apt: _____
City _____ State _____ Zip _____
Office Phone _____ Cell Phone _____
Email _____ Fax _____
If you are you bilingual, what languages do you speak/write? _____ Age range you treat _____

PERSONAL INFORMATION:

Home Address _____ Apt. _____
City _____ State _____ Zip _____
If employed, Employer & Phone Number _____
Are you a student now? __ Yes __ No. If yes, where? _____
Home Phone _____ Social Security # _____
Birth Date _____ Drivers License# _____
Have you ever been convicted of a crime or felony? __ Yes __ No. If yes, please explain _____
Do you have any physical/emotional limitations/disabilities that may interfere with volunteering? __ Yes __ No.
If yes, please explain. _____
How did you hear about *The Fostering Connection*? _____

Please list three references, at least one professional or academic, with contact information (phone and email) and your relationship to each. When possible, references should reflect leadership, organizing and teaching experience, particularly with youth and underserved populations.

	NAME	PHONE	EMAIL	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The information in this application may be shared with clinical administrative directors and supervisory staff, and will be filed at The Fostering Connection.

I understand that this information will be used for a background check.

I hereby certify under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

Signature

Date

Please submit a current curriculum vitae, license, and malpractice insurance certificate with this application.