



500 South Front St., Ste. 930  
 Columbus, OH 43215  
 t 614.884.4200  
 f 614.884.4201  
[www.centerforhealthyfamilies.org](http://www.centerforhealthyfamilies.org)

*Thank you for your interest in volunteering with The Center for Healthy Families! Please fill out the following information so that we can learn a bit about you and match your skills and interests with activities that you will enjoy.*

DATE \_\_\_\_\_

PROLOGUE: Getting To Know You

LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

PREFERRED METHOD OF CONTACT: E-mail/Home/Phone (time of day: \_\_\_\_\_ ) Work phone (time of day: \_\_\_\_\_ )

How did you hear about The Center for Healthy Families (CFHF)?

INTERESTS (Check all that apply)

- Development/Fundraising       Administrative Services       General Clerical Duties
- Mentoring       Accounting       Event Planning
- Graphic Design       Marketing       IT Consulting       Other

PREFERENCES (Check all that apply)

I am interested in working:  
 alone    with a group    in an office setting    no preference

EXPERIENCE

Please describe any previous volunteer experience.

Please list any bilingual experience.

AVAILABILITY (indicate span of time and number of hours you are available to CFHF)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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VOLUNTEER FORM [ PAGE 3 OF 4 ]

CONVICTION RECORD STATEMENT

In response to State and Federal regulations, The Center for Healthy Families requires that all potential employees and volunteers disclose information about convictions, indictments, deferred adjudication, or official complaints.

Have you ever been convicted, indicted, had deferred adjudication or had an official complaint filed against you, or do you have charges pending for a felony or misdemeanor of any sort:  Yes  No  
If yes, please explain (use an extra page if needed)

When did the incident occur?

VOLUNTEER SIGNATURE (REQUIRED)

INFORMATION RELEASE

I, \_\_\_\_\_ authorize the following agencies: Ohio Department of Public Safety, Franklin County Attorney's Office, Ohio Department of Human Services, Franklin County Sheriff's Department, Franklin County District Attorney's Office, Columbus Police Department to release any information regarding convictions, indictments, deferred adjudication, outstanding warrants, or official complaints involving me for felonies or misdemeanors of any sort to the following: The Center for Healthy Families, 500 South Front St., Suite 1200, Columbus, Ohio 43215.

This information may be used by The Center for Healthy Families solely for the purposes of determining my suitability for employment or volunteer opportunities and may not be released to any other party.

..... (please initial) CFHF may list my name on a volunteer recognition page of the agency's website  
..... (please initial) CFHF may use any photo, video or other image of me for use in, or related to, program or agency development and/or promotion, education, public display or publication.

VOLUNTEER SIGNATURE (REQUIRED)



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VOLUNTEER FORM [PAGE 4 OF 4]

CONFIDENTIALITY

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of The Center for Healthy Families, Inc. ("CFHF"). This includes all activity associated with CFHF at its main office and all outreach sites locations.

All data, materials, knowledge and information generated through, originating from, or having to do with CFHF or persons associated with our activities, including vendors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of CFHF .

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, micro-form, automated and/or electronic form.

Client information, including all file information, is not be disclosed to any third party, under any circumstances, without the consent of the CFHF employee that is supervising you and the Executive Director.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by CFHF and any applicable laws.

Any breach of confidentiality is grounds for immediate termination of your volunteer assignment.

The confidentiality requirements of this agreement remain in effect for the duration of the person's working relationship with CFHF.

**My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.**

VOLUNTEER SIGNATURE (REQUIRED)

DATE

SUPERVISOR SIGNATURE (REQUIRED)

DATE

Received on:	
<b>For office use only</b>	Applicant for: <input type="checkbox"/> volunteer
	Received via: <input type="checkbox"/> mail <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> in person
	Orientation Date: .....