# Family Friend Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name (Include Middle): |  |  |  | DATE: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |

|  |  |  |
| --- | --- | --- |
| Phone: |  | Email: |
| Facebook name: | Instagram name: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | SSN.: |  | Years living in your State: |  |

|  |  |
| --- | --- |
| General Availability: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a valid Driver’s License? | YES☐ | NO☐ | Driver’s License State:  |

|  |  |
| --- | --- |
| Driver’s License Number:  |  Car Insurance Company:  |
| Have you ever been accused, arrested, or convicted of a crime? | YES☐ | NO☐ |  Car make/model:

|  |
| --- |
|  License Plate:  |

 |
| If yes, explain: |
| ***\*\*\*Applicants must agree to a criminal background check/child abuse check, completed in any county/state they have resided. WPRP will not accept any applicant who would pose a risk to children or others.***  |

## Education and Affiliations

|  |  |  |  |
| --- | --- | --- | --- |
| Education level Completed:  |  | Degree:  |  |

|  |
| --- |
| Professional, Civic, Social Affiliations: |

|  |  |  |  |
| --- | --- | --- | --- |
| Military Service?  | Time Served: | Rank:  | Branch:  |

|  |  |
| --- | --- |
| Type of discharge: | Date: |

|  |
| --- |
| What would be some of your strengths and weaknesses as a Family Friend Volunteer? |
|  |
| Why are you interested in becoming a Family Friend? |
|  |

## References

***Please list four personal, non-relative references who know you well enough to answer specific questions: emails are required.***

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
|  | Company: |  | Phone: |  |
|  | Address: |  | Email:  |  |
|  |  |  |  |  |
|  | Full Name: |  | Relationship: |  |
|  | Company: |  | Phone: |  |
|  | Address: |  | Email:  |  |
|  |  |  |  |  |
|  | Full Name: |  | Relationship: |  |
|  | Company: |  | Phone: |  |
|  | Address: |  | Email:  |  |
|  |  |  |  |  |
|  | Full Name: |  | Relationship: |  |
|  | Company: |  | Phone: |  |
|  | Address: |  | Email: |  |
|  |   |  |  |  |

## Previous Employment or Volunteer Experiences

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |
| --- | --- | --- |
| Title/Role: |  | Duties**:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES☐ | NO☐ |  |
| NAME: | TITLE | EMAIL |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |
| --- | --- | --- |
| Title/Role: |  | Duties**:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES☐ | NO☐ |  |
| NAME: | TITLE | EMAIL |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |
| --- | --- | --- |
| Title/Role: |  | Duties**:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES☐ | NO☐ |  |
| NAME: | TITLE | EMAIL |
|  |  |  |

|  |
| --- |
|  |
| How did you hear about us? |
| Please list any WPRP volunteers, board members, officers, or widows we serve with whom you know: |
|  |
| Barring extenuating circumstances, will you commit to serving your widow until they have completed our services: typically, one year?  |
|  |
| Special Skills, hobbies: |
|  |
|  |

## Disclaimer and Signature

*The undersigned acknowledges and agrees that:*

1. *He/she is not obligated, if called upon, to perform volunteer services herein applied to perform.*
2. *As part of Widowed Parent Relief Project’s screening process, there may be additional personal information requested from the volunteer which will include an interview and background check.*
3. *An online, interactive, self-paced training process must be fulfilled before a Family Friend is assigned. (Time to complete averages one week.)*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to becoming a Family Friend Volunteer, I understand that false or misleading information in my application or interview may result in my release.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please save this application as a new file and then submit it to Kelly Orrico at [kelly@widowedparentRP.org](http://kelly@widowedparentrp.org).