



VOLUNTEER APPLICATION
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203.784.0344 • 155 EAST ST. SUITE 202, NEW HAVEN, CT 06511 • WWW.CHILDRENINPLACEMENT.ORG

PART 1: APPLICANT INFORMATION

NAME

DATE OF BIRTH

SOCIAL SECURITY NO.

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

PREVIOUS ADDRESS (IF ABOVE IS LESS THAN 5 YEARS)

EMPLOYED BY

WORK PHONE

MAY WE CONTACT YOU AT WORK? YES NO

GIVE A BRIEF DESCRIPTION OF YOUR WORK

FORMAL EDUCATION (HIGHEST LEVEL COMPLETED)

DO YOU SPEAK A FOREIGN LANGUAGE (WHICH)?

CURRENT AND PREVIOUS COMMUNITY ACTIVITIES AND VOLUNTEER WORK

INCLUDE A BRIEF DESCRIPTION AND GENERAL TIME FRAME (ATTACH A SEPARATE SHEET IF NECESSARY)

EMERGENCY CONTACT

EMERGENCY PHONE

HOW DID YOU LEARN OF OUR PROGRAM?

WHAT ARE YOUR REASONS FOR WANTING TO PARTICIPATE AS A CIP VOLUNTEER?

FOR WHICH OPPORTUNITY ARE YOU APPLYING: GAL YOUTH SPONSOR PARENT ADVOCATE

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES NO

IF YES, PLEASE LIST CONVICTION, DATE, AND COURT LOCATION

PLEASE CHECK IF YOU HAVE ANY EXPERIENCE WITH THE FOLLOWING: CHILD WELFARE DCF

COURT SYSTEM FOSTER CARE OTHER CHILD SERVICE AGENCIES

PLEASE EXPLAIN INVOLVEMENT

DO YOU CONSENT TO A RECORD CHECK WITH THE DEPARTMENT OF CHILDREN AND FAMILIES? YES NO

DO YOU CONSENT TO A CRIMINAL BACKGROUND CHECK? YES NO

FOR THESE PURPOSES, PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD BY NAME

PLEASE LIST 3 REFERENCES THAT YOU KNOW WELL, OTHER THAN RELATIVES, PREFERABLY FOR WHOM YOU HAVE WORKED IN EITHER A VOLUNTEER OR PAID CAPACITY. PLEASE INCLUDE YOUR CURRENT SUPERVISOR IF APPLICABLE.

NAME	FULL ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

TO BE A CIP VOLUNTEER, YOU MUST BE ABLE TO ANSWER YES TO THE FOLLOWING:

CAN YOU COMMIT TO 2 YEARS OF SERVICE? YES NO

DO YOU DRIVE? YES NO

DO YOU HAVE REGULAR ACCESS TO A CAR? YES NO

DO YOU KNOW HOW TO SEND EMAILS? YES NO WITH ATTACHMENTS? YES NO

PART 2: WRITING SAMPLE

PLEASE ATTACH A SEPARATE PIECE OF PAPER AND BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. WHAT IS YOUR PHILOSOPHY ON PARENTING, INCLUDING THE RIGHTS AND RESPONSIBILITIES OF BOTH PARENTS AND CHILDREN?
2. WHAT ROLE DO YOU BELIEVE SOCIETY SHOULD PLAY IN PROTECTING THE RIGHTS OF CHILDREN?

PART 3: SIGNATURE

CHILDREN IN PLACEMENT – CT, INC. RESERVES THE RIGHT TO MAKE ANY CHECKS DEEMED APPROPRIATE AS TO THE SUITABILITY OF ANYONE RESPONSIBLE FOR THIS CONFIDENTIAL WORK. ALL INFORMATION OBTAINED WILL BE HELD IN THE STRICTEST CONFIDENCE. ANY APPLICANT FOUND TO HAVE BEEN CONVICTED OF, OR HAVING CHARGES PENDING FOR A FELONY OR MISDEMEANOR INVOLVING A SEX OFFENSE, CHILD ABUSE OR NEGLECT, OR RELATED ACTS THAT WOULD POSE RISKS TO CHILDREN OR THE CHILDREN IN PLACEMENT'S CREDIBILITY WILL NOT BE ACCEPTED AS A CIP VOLUNTEER.

APPLICANT SIGNATURE

DATE SIGNED

PLEASE RETURN ALL 4 PAGES OF THIS PACKET BY MAIL, FAX, OR EMAIL. SIGNATURES ON PAGES 3 AND 4 MUST BE HANDWRITTEN, NOT TYPED.

CHILDREN IN PLACEMENT
155 EAST ST, SUITE 202
NEW HAVEN, CT 06511

FAX:
203-784-0347

OFFICE@CHILDRENINPLACEMENT.ORG

I, _____ do hereby authorize the Department of Children and Families to research										
<i>Applicant Name</i>										
its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):										
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:										
Name of Agency:					Attention:					
Children in Placement										
Address: (No. and Street):			Apartment #		City:		State:		Zip:	
155 East St.			Suite 202		New Haven		CT		06511	
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search.										
Last Name		First Name:			Middle:		DOB:		SS:	
Address: (No. and Street):			Apartment #:		City:		State:	Zip:	Years at current address?: Years Months	
Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary) <input type="checkbox"/> Check if reverse side used										
Address: (No. and Street):			Apartment #:		City:		State:	Zip:	Dates From: (Month/Year)	Dates To: (Month/Year)
Other Names I have Used – Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary) <input type="checkbox"/> Check if reverse side used										
Last Name		First Name:			Middle:		DOB:		SS:	
Name of Spouses/Other Adults in the Home – Past and Present (continue on reverse side of form if necessary) <input type="checkbox"/> Check if reverse side used										
Last Name		First Name:			Middle:		DOB:		Signature (if still in Home)	Date:
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home <input type="checkbox"/> Check if reverse side used										
Last Name		First Name:			Middle:		DOB:		Gender:	
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Applicant Signature:								Date:		
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE. ****DCF Conducts a Search of the CT Registry ONLY** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF										
Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071										
<i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>										
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No					Processors Initials:			