



Volunteer Application

Thank you for your interest in volunteering with Building Healthy Families, Inc.

302 Hackmatack Street
Manchester, CT 06040

e-mail

info@bhct.org

phone

860.375.0121

www.bhct.org

To maintain our commitment to excellence, we set high standards in the areas of safety and security for all children and adults in our program.

BHF requires all volunteers to complete the attached application and all childcare volunteers to agree to a background check. Information provided will remain confidential and only be disclosed for BHF purposes or as required by law. When completed, please return all pages by email to info@bhct.org or bring to orientation session. Please note, Urban Alliance volunteers don't need an additional background check.

Thank you very much!

General Information

Last Name _____ First Name _____ Middle Initial _____
 Current Address _____ City _____ State _____ Zip _____
 Home Phone _____ Email _____
 Cell Phone _____ Date of Birth _____
 Employer/Occupation _____ Education _____
 Male or Female _____ U.S. Citizen(*yes or no*): _____ Marital Status (*single, married, divorced, widowed*): _____
 Spouse's Name _____ Children's Names and Ages _____

Emergency Contact (relationship) _____ Phone _____
 Medical Conditions, Allergies, etc. _____

The orientation session I will attend is:

Additional Information, Experiences or Special Interests related to Volunteering



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Personal Information

Please explain if you answer yes to any of the questions below. Use the reverse side if necessary.

1. Have you ever been involved with the Department of Children and Family Services or been charged with or convicted of any offense related to child abuse?

2. Have you ever been charged with any offense involving actual or attempted sexual molestation of a child or teenager?

3. Have you ever been charged with or convicted of any offenses involving kidnapping, criminal sexual misconduct, or prostitution related crimes?

4. Have you ever been the driver involved in any serious car accident?

5. Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography, or anything else?

6. Are there any circumstances or patterns in your life which would make it inappropriate for you to serve with minors or adults or would compromise the integrity of BHF?

7. Are you currently under the care of a Mental Health Provider (Psychologist, Psychiatrist, Counselor, etc.)

8. Have you ever been charged with or convicted of any other crime than listed above?

9. Do you consent to a criminal background check?

10. If required, will you consent to being fingerprinted by the Manchester Police Department?



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References

If possible list two references from places of employment or prior volunteer service working with children or youth organizations. References must be over age 18; must not be a relative; must have seen you work with minors and speak to your ability to serve children; must have known you for at least one year. Otherwise list three character references. Please include a member of our BrightStart team if applicable.

1. Name _____ Phone _____
Address _____ City _____ State _____
Email Address _____ Nature of Association _____

2. Name _____ Phone _____
Address _____ City _____ State _____
Email Address _____ Nature of Association _____

3. Name _____ Phone _____
Address _____ City _____ State _____
Email Address _____ Nature of Association _____

Authorization

- The information contained in this application is complete and correct to the best of my knowledge.
- I authorize any references listed in this application to give any information, including opinions, regarding my character and ability to work. I waive any right that I may have to inspect any information provided about me by any person or organization.
- I authorize BHF to inquire, investigate and verify any information provided as part of the application process.
- I understand that misrepresentation or omission of information is cause for termination of my volunteer responsibilities.
- I agree to waive all rights to pursue any claims, lawsuits, or legal actions of any type against BHF and its officers, employees, board members, volunteers, and all persons working with respect to BHF. And I expressly release and discharge BHF from any and all responsibility and liability of any type of injury, harm, loss, or damage of any type to my person or property that I may sustain while volunteering for BHF, even if such injury, harm, loss, or damage is caused in whole or in part, due to the negligence or lack of proper care of BHF, its employees, officers, board members, volunteers, and all other persons working with BHF.
- I warrant that I am at least 18 years old* and have every right to contract in my own name.
- By typing your name or signing below I confirm that I have read and agree with all statements in this application.

Applicant's Name (please print) _____

Applicant's Signature _____

• If under 18 years old, parent gives permission for child to participate in program assigned by BHF staff and agrees to help him/her fulfill this commitment.

Parent's Name (please print) _____ Phone _____

Parent's Signature _____