



The Parenting Time Center
101 NW Tenth Street
Evansville, Indiana 47708
812-759-1KID
812-759-1543

*"We support every child's right to a safe and nurturing place
in which to have a relationship with parents."*

THE PARENTING TIME CENTER VOLUNTEER APPLICATION

Name: _____ Date of Birth _____

Social Security Number Home Phone Number

Email Address: _____ Cell Phone: _____

Driver's License Number: _____

Home Address

City, State Zip

Any physical limitations? _____

Hours/Days available: _____

Employed By (If Employed) Phone Number

Mailing Address

May you be called at work? Yes No

Emergency Contact/Relationship

Brief description of social work experience/training:

Formal Education (highest year of school completed): _____

Do you speak a foreign language? Yes No If yes, which language _____

Do you drive? Yes No Do you have regular access to a car? Yes No

List any certifications, such as first aid or CPR: _____

Current community activities: _____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

What are your reasons for wanting to participate as a volunteer?

Have you had any personal experience(s) involving:

Child Welfare

Foster Care

Court System

Other agencies offering services to a child

If so, please explain: _____

How did you learn of our program: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____ Where _____

Do you consent to a routine check of your criminal records? Yes No

Can you think of any reason why someone would object to you serving as a visit facilitator?

Major: _____

Degree: _____

Name of school: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Address	Zip Code	Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

How long have you lived in the area? _____

The Parenting Time Center 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. The Parenting Time Center does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, or national or ethnic origin

Applicant Signature

Date