

Application for Membership to Franklin County Children Services Citizens Advisory Committee



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Employer	
Work Address	
Work Phone	

Disclosure

Do you have an open case with or litigation against Children Services? YES / NO

Knowledge and Affiliations

Tell us what you know about FCCS and/or the CAC and why you want to serve on the committee. In addition, have you had any affiliations with the agency (professional or personal)?

Availability

As a member of the CAC, you must commit to attending and/or participating in other agency events outside of CAC monthly meetings. During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination
- Other (*Please explain*) _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. In addition, list any potential contributions you feel you can make to the FCCS CAC. Please provide a copy of your current résumé.

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Previous Volunteer Experience

Summarize your previous volunteer experience. Please include 1-2 volunteer references (current or previous organizations where you have volunteered).

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Return application to:
Franklin County Children Services
Public Information Office
855 W. Mound St.,
Columbus, Ohio 43223 OR
Fax: (614) 275-2755
Email: sjvarner@fcss.us