181 Bluffton Rd., D101

Bluffton, SC 29910

Phone: 843-815-4211

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www.familypromisebeaufortcounty.org

**EMPLOYEE/VOLUNTEER APPLICATION**

**Name: Last First Middle**

**Address: Street City/State Zip code**

**Email Home Phone Number Cell Phone Number**

**Date of Birth Driver’s license # State**

*Your Social Security number and references may be requested for additional screening.*

**Emergency Contact: Name Relationship Phone Number**

**Have you ever been convicted of a crime?** **[ ]** Yes **[ ]** No

*(A conviction will not necessarily be a cause for disqualification from employment/volunteering. A background check will be conducted for all potential employees/volunteers.)*

**If yes, please describe conviction(s) and give date(s) and location(s)**

**Vocational/Technical/Professional Training**

**Skills:** **[ ]** Child Care **[ ]** Computer **[ ]** Coaching **[ ]** Financial **[ ]** Graphic Design **[ ]** Teaching **[ ]** Writing

**[ ]** Bilingual (Language (s): ) **[ ]** Other

**I’m interested in:** **[ ]** Children Play **[ ]** Committee Work (fundraising, marketing, etc.)

**[ ]** Communications (social media) **[ ]** Driver **[ ]** Events **[ ]** Life Skills Training **[ ]** Moving Day Crew

**[ ]** Office Support **[ ]** Saturday/Sunday Family Time **[ ]** Employment **[ ]** Other

**Is there any other information you would like to share with us that will help in selecting an appropriate employee/volunteer position (ex. would not like to be on my feet the whole time)?**

**When are you available to work/volunteer? *(please indicate time availability)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |



**CONSENT TO CONDUCT CRIMINAL HISTORY**

To help to ensure the safety of our residents, volunteers and staff, Family Promise of Beaufort County conducts criminal background checks on all adult individuals applying to work or volunteer for our shelter programs. Results of the criminal history check could affect eligibility as a Family Promise employee/volunteer. Results will be used solely for the purpose of the Family Promise program.

I, , understand that as an Employee/Volunteer with Family Promise, a criminal history check will be run. I understand that the results of this criminal history check could affect my eligibility for Family Promise programs. I also understand that if my employee/volunteer activities involve driving Family Promise clients or Family Promise vehicles, I will be asked to provide a copy of my Driver’s License and a copy of my automobile liability insurance ID card.

Applicant’s Signature Date

Witness (Signature) Witness (Printed Name) Date

**CONFIDENTIALITY AGREEMENT & PHOTO RELEASE**

I, , agree as follows in consideration of my assignment as a staff member, intern, volunteer, or a participant in any of the programs of Family Promise of Beaufort County:

1. I acknowledge that I have been advised that all work or activities I am assigned may involve material and information of a highly sensitive and confidential nature.
2. I shall hold in trust all confidential and proprietary information acquired during my assignments or activities that relate to the client or clients and her/his children, and except as may be authorized by an adult client in writing, I shall not disclose or divulge to any person any such information.
3. I promise to hold all confidential and proprietary information relating to clients and the children of clients in trust and to maintain said confidentiality even after my association with Family Promise.

I give Family Promise of Beaufort County permission to use my photograph, voice or image, with or without my name, both singly and in conjunction with other persons or objects for publicity or recruitment purpose.

**[ ]** Check here if you do not grant permission for your photo to be used by Family Promise of Beaufort County.

Applicant’s Signature Date

***I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.***

**Signature of Applicant Date**

**Signature of Parent or Legal Guardian if under 18 Date**

*If you have any questions, please feel free to contact Family Promise at 843-815-4211 or email minervafamilypromise@gmail.com.*

STAFF USE ONLY

Background check performed on by

Personal interview/training conducted on by