
Children's Pavilion and Comfort Zone Inc. Volunteer Application Form

**Please return completed applications to Ms. Dorothy or Mrs. Princess at Children's Pavilion and Comfort Zone.*

Applications can be submitted in a variety of ways:

-Hand delivered, emailed or mailed to 7782 NW 44th Ave Sunrise FL, 33351

-Email info@childrenspavilion.com

If you have any questions you may reach Ms. Dorothy or Mrs. Princess at 954-702-7426

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code

Home: _____ **Cell:** _____

Email: _____ **Age:** _____

In case of an Emergency, Contact:

Name: _____ **Phone number:** _____

Position Applying For: *(Check the applicable circle)*

- ☐ One time volunteer(Less than 12 hrs)
- ☐ Long term volunteer
- ☐ Unsure

What days/times are you available to volunteer? (Circle all that apply)

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Mornings Afternoons Evenings

Preferred Start Date:

- ☐ ASAP
- ☐ Date: _____

Program of Interest

- ☐ Mentor/ Counseling
- ☐ Book Fairs
- ☐ Career Day
- ☐ After School Enrichment
- ☐ Arts and Craft Activities
- ☐ Dance/ Fitness Instruction
- ☐ Back to school night
- ☐ Carnivals/ Showcases/ Holiday Events
- ☐ Scholastic Book Fairs
- ☐ Group Celebrations
- ☐ Club Dojo
- ☐ Fundraising
- ☐ Learning Night
- ☐ Chaperoning
- ☐ Food Drives

Why are you interested in volunteering?

How did you hear about CPACZ and its volunteer program?

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i> <i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____

Educational Background:

<u>Institution:</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
High School: _____			
College: _____			
Other: _____			

Work Experience:

1) Previous/Last employer: _____ Dates: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Description of position: _____

2) Present/Last employer: _____ Dates: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Description of position: _____

Please list two (2) references (not related to you):

1.Name: _____

Address: _____

Phone: _____

How long have you known this reference? _____

2.Name: _____

Address: _____

Phone: _____

How long have you known this reference? _____

How do you hope to benefit from this experience?

What is your preferred method of contact?

- ☐ Via email
- ☐ Via phone

Would you be interested in being a part of an email database that will update you on CPACZ and its upcoming events?

- ☐ Yes
- ☐ No

Background Information

Please note consent to investigate background on the bottom of the page.

	Yes	No
Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any pending criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subjected to a civil protective order for domestic violence or abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been investigated for or charged with child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Other than the above, are there facts or circumstances that would call into question the supervision, guidance and care of young people?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any question please explain._____

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize the Children's Pavilion and Comfort Zone Inc., its programs, employers, employees and agents to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and county repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to the Children's Pavilion and Comfort Zone Inc., its affiliate programs, employers, employees and agents. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Children's Pavilion and Comfort Zone Inc., its affiliate programs, employers, employees and agents from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. **I understand that any volunteer position or offer of a volunteer position is dependent on results of a background check.** I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of the Children's Pavilion and Comfort Zone Inc., its affiliate programs, employers, employees and agents.

Signature

Date

Witness

Children's Pavilion and Comfort Zone would like to thank you for your expressed interest in volunteering. We look forward to working with you and hope this will be a great experience.