

YFCF VOLUNTEER APPLICATION

CONTACT INFORMATION

Please provide your current contact information. The email address should be one you regularly check.

Name _____
(Last) (First) (Middle Initial)

Mailing Address _____

Phone Number(s) _____
(Home) (Office) (Mobile)

Preferred email _____

BRANCHES OF SERVICE

Please indicate your preferred top three YFCF branches of service by placing “1st,” “2nd,” and “3rd” next to the appropriate branches. Based on YFCF’s needs and your qualifications, you will be placed in one area during your year-long commitment. Some service placements may require an interview.

___ **Mentoring:** Volunteers provide a one-on-one social support system for specific fathers.

___ **Organization:** Volunteers manage the organization’s administrative affairs. These volunteers also assist with project development.

___ **Outreach:** Volunteers seek out fathers at community events. These volunteers may also teach seminars.

___ **Skills Training:** Volunteers develop and train the parenting skills, life skills, and practical knowledge of young fathers.

BACKGROUND INFORMATION

To maximize your service with YFCF, the organization would like to know more about your interests and experiences. YFCF appreciates your full candor and sincerity in your responses.

1. Why are you interested in serving with YFCF?

2. In which area(s) of Central Florida are you interested in serving?

3. What are some of your positive prior volunteer experiences?

YFCF VOLUNTEER APPLICATION

4. What are some of your negative prior volunteer experiences?

5. What are your expectations for serving with YFCF?

6. Do you have children or dependents? How many?

7. What is your education or professional background? How might your background benefit a young father?

8. Of the skills and practical experiences you possess, which ones do you believe would be beneficial in assisting young fathers?

9. How much time can you commit to serving with YFCF (i.e. hours per week or month)?

10. Additional comments
