



PEACEFUL FAMILY SOLUTIONS

VOLUNTEER REGISTRATION APPLICATION

The mission of Peaceful Family Solutions is to **BREAK THE CYCLE OF ADDICTION, ONE CHILD AND FAMILY AT A TIME!** PFS encourages the participation of volunteers who are interested in making a difference in the lives of children. If you are passionate about helping children heal, agree with our mission, and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____ SSN: _____

Address: _____ City: _____

State: _____ Zip: _____ DOB: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Any special talents or skills you have that you feel would benefit our organization?

Interests: Please tell us in which areas you are interested in volunteering

Administration

Events

Program

Fundraising

Janitorial

Communication

Reunion Group

Are you willing to consent to background check and drug screen Yes No

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From _____ to _____

Any physical limitations? _____

In case of emergency contact: _____ Phone: _____

As a volunteer of Peaceful Family Solutions, I agree to abide by all policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

THANK YOU FOR HELPING US STOP ADDICTION BEFORE IT STARTS!