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Please complete all sections of this application. Submission of this form does not constitute an employment relationship or guarantee of placement. All applications are subject to review and agency approval.

Brown's Empowered Families Resource Center is an Equal Opportunity Organization. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, gender identity, sexual orientation, or any other protected status under applicable law.

## APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## POSITION / INTEREST AREA

Applying As:

Intern

Volunteer

Area(s) of Interest:

- Youth Groups
- Parenting Education
- Community Outreach
- Administrative Support

Program / Role Interested In (if known): \_\_\_\_\_

Start Date Available: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

## AVAILABILITY

Days Available:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours Available (from/to): \_\_\_\_\_

Can you work evenings?  Yes  No  Sometimes

Can you work weekends?  Yes  No  Sometimes

## EDUCATION (If Applicable)

School / University: \_\_\_\_\_

Program / Degree: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Field Placement Requirements (hours, days, etc.): \_\_\_\_\_

## RELEVANT EXPERIENCE

Please briefly describe any experience working with children, families, or community services:

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## SKILLS (Check all that apply)

- Trauma-Informed Care
- Youth Engagement
- Group Facilitation
- Mentoring
- Parenting Support
- Resource Navigation
- Community Outreach
- Administrative Support
- Documentation
- Public Speaking / Training
- De-escalation
- Cultural Humility / ADEI

## BACKGROUND INFORMATION

Brown's Empowered Families Resource Center serves children and families. Certain roles may require background checks and/or reference checks. Answering "Yes" does not automatically disqualify you from consideration.

Are you able to pass a background check if required?  Yes  No  
Do you have reliable transportation?  Yes  No

## EMERGENCY CONTACT

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

## REFERENCES (Non-family preferred)

Reference #1 – Name + Phone/Email: \_\_\_\_\_  
Reference #2 – Name + Phone/Email: \_\_\_\_\_

## APPLICANT AGREEMENT

I certify that the information provided is true and complete to the best of my knowledge. I understand that volunteer and intern placements are not employment and may be ended by either party at any time. I understand that I must follow confidentiality requirements and all agency policies while participating in services, groups, or activities.

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **SUPERVISOR REVIEW & APPROVAL (FOR OFFICE USE ONLY)**

Reviewed By (Supervisor Name): \_\_\_\_\_

Title: \_\_\_\_\_

Interview Completed?  Yes  No

Background Check Required?  Yes  No

Placement Approved?  Yes  No

Assigned Program / Department: \_\_\_\_\_

Start Date Confirmed: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_