



**VOLUNTEER APPLICATION FORM**

CPFSA Cares is the Volunteer Programme of the Child Protection and Family Services Agency (CPFSA) which seeks to enlist individuals with specialized skills and a willingness to contribute time and effort in helping to positively impact and inspire children in State care.

The Agency recognizes and values the substantial and ongoing contribution made by volunteers and voluntary groups to the quality of life of our children and call upon our Educators, Counselors, Medical Practitioners, Business Professionals and Para-professionals to join us in making a difference in the lives of our youth.

Thank you for your interest in joining the programme, kindly complete this application form and submit along with, (a) passport size photo, (b) a police record, and (c) two reference letters from a Justice of the Peace, Minister of Religion, Senior Police Personnel. Documents are to be delivered or emailed to the CPFSA Training Officer, Child Protection & Family Services Agency, 48 Duke Street, Kingston or email [dillionn@childprotection.gov.jm](mailto:dillionn@childprotection.gov.jm).

**PERSONAL DETAILS**

**1. Name in Full**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**2a. Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **2b. Nationality (City, Country)** \_\_\_\_\_

**3a. Gender:** Male  Female

**3b. Marital Status**

**3c. Present Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Single <input type="checkbox"/>	Married <input type="checkbox"/>
Separated <input type="checkbox"/>	Divorce <input type="checkbox"/>
Widowed <input type="checkbox"/>	

**4a. Telephone (Hm)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **4b. Email:** \_\_\_\_\_

**5. Contact person (in case of emergency)** \_\_\_\_\_

**State relation:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Are you employed?**  Yes  No

**Place of work** \_\_\_\_\_ **Position/Occupation**

Employers Address \_\_\_\_\_ Employers Contact #: \_\_\_\_\_

Length of time in organization \_\_\_\_\_

**BACKGROUND**

This section **MUST** be completed by all applicants.

- 1. Have you ever worked with children?  
[ ] Yes [ ] No If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND AREAS TO VOLUNTEER**

*Please select the skills you possess or areas you would like to volunteer in.*

- Mentorship
- Visual and Performing Arts
- Tutoring
- Administration
- Hospitality Services
- Business Services
- Educator
- Counselling/ Psychosocial Services
- Legal Professional / Paraprofessional
- Literacy / Numeracy
- Electrical / Mechanical Services
- Medical Services, please state

Other (Please state): \_\_\_\_\_

**DAYS AVAILABLE FOR VOLUNTEERING**

- 1. What are the times you are available? This will help us to plan however, please let us know if you need to change these times/days. (Please tick or state times available)

Day	AM	PM	All Day
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

2. How often are you available? (Please tick)  Weekly  Fortnightly  Special Events

3. Please state the area you wish to volunteer?  Child Care Facility  Field Offices

4. Please select the Region in which you would like to volunteer:

South East (*Kingston & St. Andrew, St. Catherine & St. Thomas*)

Western (*Montego Bay, Trelawny, Hanover & Westmoreland*)

North East (*St. Ann, Portland & St. Mary*)

Southern (*Clarendon, Manchester & St. Elizabeth*)

5. Please tell us the reason for your interest in volunteering with our organization?

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6. How did you hear about us?

Radio  TV  Social Media Platforms  a friend

Other, please state \_\_\_\_\_

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**CONFIDENTIAL**

We are committed to best practice in volunteer recruitment and will ensure that volunteers who work directly with children and/or vulnerable people are appropriately screened.

Have you ever been convicted of any criminal offence by a court of law?  Yes  No

If the answer to the above is yes, please give details below:

Date	Place	Offence	Sentence

I agree to these details being given to the police to check for any records of convictions, cautions or bindovers in respect of myself.  Yes  No

**Please note that a criminal record will not necessarily prevent you from volunteering. However, because we work with children and vulnerable adults, we reserve the right to conduct checks as necessary.**

The information provided on this application form will remain confidential and will be used for the purpose of selection. By signing this form you are giving your consent to these uses.

**DECLARATION**

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from volunteering with this organization.

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

*Thank you for your interest in Volunteering with the Child Protection and Family Services Agency (CPFSA), we will advise you of the outcome of your application within two (2) weeks of receipt of application form and supporting documents. For more information contact us 948-2841-2, visit our website at [www.childprotection.gov.jm](http://www.childprotection.gov.jm).*

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**FOR OFFICIAL USE ONLY**

<b>Documents Submitted</b>	
Passport Size Photograph	
Two (2) References	
Police Record	

Decision:

Approved       Denied

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

