n-ACTION Family Network
A Commitment To Improve Our Nation ®
"Empowering Women through faith, hope, and healing- one offender at a time."

APPLICATION FOR VOLUNTEER SERVICES

Please Print or Type DATE: _____

Type of Application: ☐ Level I (Frequent) ☐ Level II (Infrequent)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Title/Agency: _____

Employment Address: _____

City: _____ State: _____ Zip Code + 4: _____

Telephone: (____) _____ Work (____) _____ Home (____) _____ Mobile

E-Mail: _____

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Type of Volunteer Services

Professional services:

☐ Speaker
☐ Parenting Presenter
☐ Health Education
☐ Other

☐ Group Facilitator
☐ Domestic Violence Presenter
☐ Job Placement Services
☐ Mentoring (Women or Youth)

(Please indicate your interest)

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Questionnaire

1.) Are you employed by:
☑ Law Enforcement
☑ Juvenile Justice
☑ Family Support Services
☑ Other: _____
☑ Corrections
☑ Community Corrections

2.) Are you employed in the criminal justice field? ☐ Yes ☐ No

3.) Do you hold any professional affiliations? ☐ Yes ☐ No

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mail completed Application and Resume to:

n- A.C.T.I.O.N. Family Network
Post Office Box 1715
La Mirada, CA 90637-1715

E-Mail: bod@n-actionfamilynetwork.org

Voice mail. 1-866-299-8817 ext.101 Fax. 1-866-548-0707

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