|  |  |
| --- | --- |
|  | Adams CountyChildren’s Advocacy Center |

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |        |       |       | Date: |       |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |       |       |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |       |       |       |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |       | Email: |       |

|  |  |
| --- | --- |
| How did you hear about the CAC? |       |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |       | Address: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Did you graduate? | YES[ ]  | NO[ ]  |  |

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| --- | --- | --- | --- |
| College: |       | Address: |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |       | To: |       |  |  |  | Degree: |       |

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| --- | --- | --- | --- |
| Other: |       | Address: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       | Degree: |       |

## References

Please list three professional references (at least 1 academic).

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: |       |
| Address: |       |
|  |  |
|  |  |  |  |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: |       |
| Address: |       |
|  |  |  |
|  |  |  |  |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: |       |
| Address: |       |  |  |

## Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |       | Phone: |       |
| Address: |       | Supervisor: |       |

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| --- | --- | --- | --- | --- | --- |
| Job Title: |       |  |  |  |  |

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| --- | --- |
| Responsibilities: |       |

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| From: |       | To: |       |  |  |

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| --- | --- | --- | --- |
| May we contact your supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| **Previous Employment** |
| Company: |       | Phone: |       |
| Address: |       | Supervisor: |       |

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| --- | --- | --- | --- | --- | --- |
| Job Title: |       |  |  |  |  |

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| --- | --- |
| Responsibilities: |       |

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| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |       | Phone: |       |
| Address: |       | Supervisor: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |       |  |  |  |  |

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| --- | --- |
| Responsibilities: |       |

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| --- | --- | --- | --- | --- | --- |
| From: |       | To: |       |  |  |

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| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
| **Skills/Interests** |
| What skills do you have that would contribute to the operation of the CAC? *Please check all that apply.* |
| [ ]  | General Computer Skills (Word, Excel, Outlook, etc.) | [ ]  | Advanced Computer Skills (Website management, Access, Canva, etc.) |
| [ ]  | Data Entry | [ ]  | Event planning/organization |
| [ ]  | Acquiring/Organizing Donations | [ ]  | General Filing |
| [ ]  | Multiple Languages | [ ]  | Fundraising |
|  | If so, which: |        |
| Other skills: |       |
|  |
|  |
|  |
| What areas of the CAC interest you? *Please select all that apply.* |
|  |
| [ ]  | Community Education (Adults) | [ ]  |  Community Education (in schools) |
| [ ]  | Public Relations/Marketing | [ ]  | Child/Family Advocacy |
| [ ]  | Event Planning | [ ]  | Forensic Interviews |
| [ ]  | Mental Health Services |  |  |
|  |  |  |  |
| **Other Information** |
| Do you have reliable transportation?  |  Yes [ ]  | No [ ]  |
| What is your availability to volunteer at the center? |  |  |
| **Monday:** |       | ***to:*** |       |  |  |
| **Tuesday:** |       | ***to:*** |       |  |  |
| **Wednesday:** |       | ***to:*** |       |  |  |
| **Thursday:** |       | **to:** |       |  |  |
| **Friday:** |       | ***to:*** |       |  |  |
| Other scheduling information:       |
|  |
| Pennsylvania Child Abuse History, Pennsylvania State Criminal History, and FBI Criminal History Clearances are required for all volunteers, interns and employees. Are you able to obtain or do you have current clearances?  |  Yes [ ]  | No [ ]  |
|  |  |  |
|  |  |  |
| Applicant Signature: |       |  Date: |       |
|  |  |  |