



For Office Use Only:
Rec'd Date: _____
Clearance Date: _____

Volunteer Application (Please print clearly)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell/pager: _____

Email: _____

Have you been convicted of a criminal offense? Yes No

If yes, please give date, location and details: _____

Areas of Interest: (check all that apply)

Awareness Volunteer (attends events and/or provides speakers' bureau presentations)

__ Darkness to Light Facilitator (focus on Child Sexual Abuse)

__ Period of Purple (Shaken Baby Syndrome)

__ Recognizing and Reporting Child Abuse

Office Volunteer (assists with administrative and office tasks)

Special Project Volunteer (assists with fundraisers, CAC or MDT events, or helps with projects)

Training Volunteer (prepares workshop materials, assists with events, maintains training records)

Victim Family Advocate Volunteer (maintains waiting room and playroom, prepares family resources, supervises children during evening support group)

Availability:

When are you interested in volunteering? on a regular basis occasionally as your schedule permits

If regularly, what days and times are you interested in? _____

Other Volunteer experiences:

Name of Organization	Volunteer Dates	Contact Person	Contact Number	May we Contact

Emergency contact information: (To be used only in the event of an emergency)

1. Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

2. Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

Are there any medical conditions that we should be aware of? (E.g. epilepsy, asthma, etc.) Yes No

If yes, please provide a brief explanation and physician's contact information if indicated: _____

Signature: _____ Date: _____

Thank you for your interest in volunteering with The Child Advocacy Center, Inc.

Please return completed application via mail, fax or email to:

CAC Volunteer Coordinator, Child Advocacy Center, Inc.

P.O. Box 488, Fayetteville, NC 28301-0488

Fax: (910) 486-8677

programs@childadvocacycenter.com

(REV 2/2010)