



For Office Use Only:

Rec'd Date: \_\_\_\_\_

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

## Student 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)

### Student Information:

School Attending: \_\_\_\_\_ grade: \_\_\_\_\_

Volunteering for School Hours: \_\_\_\_\_

**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:**

<b>Name of Organization</b>	<b>Volunteer Dates</b>	<b>Contact Person</b>	<b>Contact Number</b>	<b>May we Contact</b>

**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](mailto:programs@childadvocacycenter.com)