



## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Check Days Available to Volunteer: Hours: From \_\_\_\_\_ To \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Education or Special Training: \_\_\_\_\_  
\_\_\_\_\_

Are you currently attending school? Yes\_\_\_ No\_\_\_ School: \_\_\_\_\_

What would you like to gain from your volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Are you volunteering for class credit: Yes\_\_\_ No\_\_\_ Instructor: \_\_\_\_\_

Class Name: \_\_\_\_\_ Number of Hours required for credit: \_\_\_\_\_

Are you currently employed: Yes\_\_\_ No\_\_\_ Employer: \_\_\_\_\_

Do you have Children: Yes\_\_\_ No\_\_\_ Ages: \_\_\_\_\_

Do you have any experience with children: Yes\_\_ No\_\_ List ages and types of activities:

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Do you have any hobbies or skills that would be helpful when working with children?

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Do you have any experience with abused children? Yes\_\_ No\_\_ please explain in detail:

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Criminal, juvenile, or family court system: Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

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Any agency that provides services to children? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

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Volunteer experience (give name of organization): \_\_\_\_\_

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Drivers License # \_\_\_\_\_ State issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you have a police record: Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of any charge: Yes\_\_ No\_\_ (Excluding traffic offenses where the fine was \$50.00 or less). List in detail all cases without exception.

Date of offense	Age at the time	Charge	City/State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have criminal charges pending at the present time: Yes\_\_ No\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **REFERENCES**

List two character and one employer reference with addresses and phone numbers. Please do not include family members.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that The Kids' Harbor Child Advocacy Center's volunteer coordinator will contact my references to obtain information regarding my suitability to work with children and families. All of the information on this application is accurate to the best of my knowledge. I agree to attend any required training. I understand that two background reviews will be submitted. I understand that I will not be permitted to volunteer at the Kids' Harbor Child Advocacy Center until all requirements are complete.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_