

**VOLUNTEER APPLICATION  
FOR SOUTHEAST ALABAMA CHILD ADVOCACY CENTER  
PO BOX 8781  
DOTHAN, ALABAMA 36304  
334-671-1779**

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
PHONE (WORK) \_\_\_\_\_ HOME) \_\_\_\_\_  
BEST TIME TO CALL: \_\_\_\_\_ AM \_\_\_\_\_ PM  
DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

WHAT DAYS OF THE WEEK WOULD YOU BE AVAILABLE TO WORK?  
MONDAY \_\_\_ TUESDAY \_\_\_ WEDNESDAY \_\_\_ THURSDAY \_\_\_ FRIDAY \_\_\_ WEEKENDS \_\_\_

WHAT HOURS WOULD YOU BE AVAILABLE TO WORK?  
A.M. \_\_\_ P.M. \_\_\_

HOW DID YOU LEARN OF THE CHILD ADVOCACY CENTER?  
\_\_\_\_\_  
\_\_\_\_\_

PROJECTS WORKED ON (As Volunteer or Employee)  
Child Related:  
DATE: \_\_\_\_\_ PROJECT \_\_\_\_\_  
DATE: \_\_\_\_\_ PROJECT \_\_\_\_\_

Other:  
DATE: \_\_\_\_\_ PROJECT \_\_\_\_\_  
DATE: \_\_\_\_\_ PROJECT \_\_\_\_\_

EDUCATION: HIGH SCHOOL ATTENDED \_\_\_\_\_ GRADUATE \_\_\_\_\_  
COLLEGE/VOCATIONAL TRAINING \_\_\_\_\_ DEGREE \_\_\_\_\_

SKILLS (TYPING, COMPUTER, ETC) \_\_\_\_\_  
\_\_\_\_\_

SPECIAL TALENTS (SEWING, ARTWORK, ETC) \_\_\_\_\_  
\_\_\_\_\_

AREAS OF INTERESTS (PUBLIC SPEAKING, FUND RAISING, ETC) \_\_\_\_\_  
\_\_\_\_\_

WHICH FUNDRAISER COMMITTEE WOULD YOU LIKE TO PARTICIPATE ON?  
\_\_\_\_\_

We are deeply appreciative of your offer of volunteer services. Volunteers provide vital services and are important, valued members of the Southeast Alabama Child Advocacy Center.

Because of the critical nature of the Child Advocacy Center, we are required to secure personal references on behalf of the entire Center's professional and volunteer staff. Please list below the names, addresses, and phone numbers of 2 individuals (other than family members) who we may contact for references.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**PERSON TO NOTIFY IN EMERGENCY:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

1. Are you employed? \_\_\_\_ If yes, where? \_\_\_\_\_
2. Have you been a volunteer at another agency? \_\_\_\_ If yes, when and where?  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been reported, investigated or arrested for child abuse? \_\_\_\_\_  
If yes, please give information regarding the situation. \_\_\_\_\_  
\_\_\_\_\_

EXCLUDING ANY MINOR TRAFFIC VIOLATIONS, HAVE YOU BEEN ARRESTED OR CONVICTED OF ANY CRIME? \_\_\_\_\_ IF YES, PLEASE ATTACH A SEPARATE PAGE.

I understand that I am donating my services without contemplation of payment or future employment, but for humanitarian, public service, or religious reason only.

\_\_\_\_\_  
Signature Date

I understand that clients of the Southeast Alabama Child Advocacy Center have a legal right to privacy and that information about clients is confidential.

\_\_\_\_\_  
Signature Date