

The Lincoln County Child Advocacy Center Volunteer Application

Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

Notify in Case of Emergency: _____ Phone: _____

Race (please circle one): African-American Caucasian Asian Hispanic Native American Other (for reporting purposes only)

The Lincoln County Child Advocacy Center does not discriminate on the basis of a person's race, religion, color, age, sex, national origin, handicap, disability or veteran status regarding volunteer opportunities.

Due to the confidential and sensitive nature of our work, all volunteers must complete a background check. Your driver's license number and state and/or Social Security number is required for this check.

1. What areas are you interested in? (Please check each area in which you would be willing to volunteer)

Administrative Offices

Office Work

Special Projects

Fund raising

Training Program (Training and technical assistance, newsletter)

Office Work

Special Mailings

Special Events

Prevention Programs (Presentations)

Kindergarten and First Grades

Third and Fifth Grades

Seventh Grade

Office Work

2. Which days of the week would you be available for the programs?

Monday

Tuesday

Wednesday

Thursday

Friday

Weekends

3. Would you prefer to volunteer?

Mornings

Afternoons

Evenings

4. How often would you like to be scheduled?

Once a week

Once every two weeks

Once a month

When needed

5. Education:

6. Work Experience:

7. Volunteer Experience:

8. Why would you like to volunteer with the Lincoln County Child Advocacy Center?

9. Have you ever (a) experienced any abuse or (b) had child abuse confirmed against you? If yes to either, please explain.

10. Have you ever been convicted of any charges other than minor traffic violations? If yes, please explain.

11. Please list three references with telephone numbers.

I agree that any information I gain as a result of participating in a Lincoln County Child Advocacy Center program or activity will be held in strict confidence.

Signed _____ Date _____

In connection with my volunteer application, I hereby authorize release to the Lincoln County Coalition Against Child Abuse & Child Advocacy Center any and all information concerning my criminal history, personal background and any other information which may be beneficial in determining my qualifications and fitness for the volunteer positions(s) for which I am applying

Signed _____ Date _____

In connection with my volunteer application and any volunteer service, I agree to the following:

- Background check by Lincoln County Sheriff's Department

Please return this application to:
The Lincoln County Coalition Against Child Abuse & Child Advocacy Center
P.O. Box 652 Lincolnton, NC 28093