



Volunteer Application

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address								Apartment/Unit #		
City					State				ZIP	
Phone					E-mail Address					
Preferred method of contact		Phone <input type="checkbox"/>		Availability		MO <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FR <input type="checkbox"/> Shifts: 8 a.m. – 4 p.m. / 8 a.m. – 5 p.m.				
		Email <input type="checkbox"/>				Other availability options: Happy Bear <input type="checkbox"/> Special Events <input type="checkbox"/>				
Are you fluent in any foreign languages?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please list all languages				
Have you ever worked for the CAC?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony or a misdemeanor?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
Have you ever been prohibited, reassigned, or removed from serving as an employee or volunteer with any organization or agency working with children?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
EDUCATION										
High School					Address					
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
College					Address					
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
REFERENCES										
Please list three references (Non-relative).										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

Full Name		Relationship	
Company		Phone	
Address			

EMERGENCY CONTACT

Name		Phone		Relationship	
Street Address				Apartment/Unit #	
City		State		ZIP	

EMPLOYMENT

Are you currently employed? YES NO

Company		Phone	
Address		Supervisor	
Job Title			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

VOLUNTEER EXPERIENCE

Please list any schooling or experience that may help you in this field.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that three background checks must be completed: Child abuse registry, sex offender registry and criminal history.

If this application leads to volunteer appointment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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OFFICE USE ONLY

Date Received:	Completeness Review:	Interview/Tour Date:
Approved: <input type="checkbox"/>		Denied: <input type="checkbox"/>
Orientation Date:	Reason:	
Staff Signature	Date	



Crisis Center
of Anderson and Cherokee Counties

PLEDGE OF CONFIDENTIALITY

The responsibilities of the Crisis Center volunteers include access to personal information about children and their families. These may be clients, volunteers, or employees of the Center.

Any information observed in connection with volunteering at the Crisis Center is considered strictly confidential. Confidential information includes information about the client's identity, his or her family's identity, details of any meetings with a client, any information gathered while working with the client or with the client's family as well as any personal information disclosed to you in conversation during their visit at the Center.

VOLUNTEER PLEDGE OF CONFIDENTIALITY

I, _____, pledge that I will hold in confidence all information relating to the individual cases and clients at the Crisis Center. I will not violate the confidential relationship between the Crisis Center, its volunteers, participating and related agencies, courts and all parties interviewed or present at the Center. I will not remove written or recorded (audio and/or video) information from the offices of the Crisis Center of Anderson and Cherokee Counties without expressed permission from the Executive Director or designated professional staff.

I agree to return all information that I have gathered, printed information or notations relevant to all cases and/or clients to whom I have been assigned at the request of the Executive Director or designated member of the professional staff of the Crisis Center.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

Signature _____

Date _____