



**Child Abuse Prevention Council**  
OF SAN JOAQUIN COUNTY

# Volunteer Application

## PERSONAL INFORMATION

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

List any other names you are known by:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 Street Apartment / Unit  
 \_\_\_\_\_  
 City State Zip Code

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Location of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Do you drive? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Do you have access to transportation if you do not drive? Yes No

In case of an emergency while volunteering, please list someone we may call on your behalf:

\_\_\_\_\_  
 \_\_\_\_\_  
 Name Relationship Daytime Phone Evening Phone

Why do you wish to volunteer for CAPC?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATIONAL BACKGROUND

College / University

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Name of Institution Dates Attended

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Degree / Major Date Graduated

High School

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Name of Institution Date Graduated

## EMPLOYMENT & VOLUNTEER HISTORY

Have you previously submitted an employment or volunteer application to CAPC or were you previously employed with CAPC?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate date(s) and position applied for or held:

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Please list your employment history, listing the most current employment information first:

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Employer or Volunteer Organization

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Address

---

City State Zip Code

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Name & Title of Supervisor

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Job Title / Position

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Employer or Volunteer Organization

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Address

---

City State Zip Code

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Name & Title of Supervisor

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Job Title / Position

## REFERENCES

1. \_\_\_\_\_  
Name                                      Daytime phone                                      Address
2. \_\_\_\_\_  
Name                                      Daytime phone                                      Address
3. \_\_\_\_\_  
Name                                      Daytime phone                                      Address

Have you ever been convicted of a felony or misdemeanor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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## AVAILABILITY

Date available to start volunteering for CAPC: \_\_\_\_\_

Please indicate your approximate days and hours of availability:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

List any special skills, licenses, certifications, trade, awards, publications, or other related items.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Computers            | <input type="checkbox"/> Database Management   |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Graphic Design       | <input type="checkbox"/> Fund-Raising          |
| <input type="checkbox"/> Grant Writing      | <input type="checkbox"/> Internet Research    | <input type="checkbox"/> Law                   |
| <input type="checkbox"/> Law Enforcement    | <input type="checkbox"/> Library Research     | <input type="checkbox"/> Microsoft® Office     |
| <input type="checkbox"/> Office Equipment   | <input type="checkbox"/> Photography          | <input type="checkbox"/> Public Speaking       |
| <input type="checkbox"/> Receptionist       | <input type="checkbox"/> Statistical Research | <input type="checkbox"/> Translation/Languages |
| <input type="checkbox"/> Typing _____ WPM   | <input type="checkbox"/> Writing/Editing      | <input type="checkbox"/> Other _____           |

Please check the volunteer opportunity that you would like to participate in.

- |  |  |
|--|--|
| <input type="checkbox"/> Fund-Raisers/Special Events             | <input type="checkbox"/> Poster Distribution/ Mailings |
| <input type="checkbox"/> Library Maintenance                     | <input type="checkbox"/> Infant/Toddler Room           |
| <input type="checkbox"/> Legal Assistance                        | <input type="checkbox"/> General Office Work           |
| <input type="checkbox"/> CASA Courts Appointed Special Advocates | <input type="checkbox"/> Preschool Room                |
| <input type="checkbox"/> Other                                   |  |

*CAPC honors The Volunteers for Children Act, which was signed by President Clinton on October 26, 1998. This act requires any youth-serving volunteer agency to complete a criminal history background check through the Federal Bureau of Investigations (FBI). Much of CAPC's work involves activities that are confidential. Thus, CAPC requires a confidentiality statement before you can be accepted as a volunteer. A TB screening will also be required of all volunteers working in direct contact with the children.*