

Volunteer Application

VOLUNTEER INFORMATION					
Last Name		First		M.I.	Date
Street Address				Date of Birth	
City		State		ZIP	
Phone		E-mail Address			
Dates Available					
Have you ever worked for the CAPC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

PLEASE DESCRIBE YOUR EDUCATION, VOLUNTEER AND PROFESSIONAL EXPERIENCE:

Please check the areas in which you would like to volunteer:			
Fund Raisers/Events <input type="checkbox"/>	Infant Room <input type="checkbox"/>	Toddler Room <input type="checkbox"/>	Preschool Room <input type="checkbox"/>
General Office <input type="checkbox"/>	Parent Café <input type="checkbox"/>	CASA <input type="checkbox"/>	Other _____ <input type="checkbox"/>

REFERENCES	
<i>Please list two personal or professional references that we can contact, as well as an emergency contact:</i>	
Full Name	Relationship
Email address	Phone ()
Full Name	Relationship
Email address	Phone ()
Emergency Contact Full	
Relationship	Phone ()

JUST A LITTLE MORE INFO, PLEASE...	
Who referred you to the CAPC?	
Why do you want to volunteer at the CAPC?	

The CAPC may require you to complete a criminal background check through the Department of Justice, the FBI, and the Child Abuse Index. Further, all volunteers are required to sign a confidentiality statement before being accepted as a volunteer. If your volunteering includes direct contact with children, you will need to submit a clear TB screening.