



Volunteer Application



Name: _____ Phone: _____ Work: _____

Address: _____

Email address: _____

Current Employer: _____

1. How did you learn about the N.C.R.C.C.P.C. Hotline / Advocacy training?

2. Past personal experience (education, employment, etc.): _____

3. Previous or current volunteer experience: _____

4. What are your reasons for volunteering? _____

5. What do you feel are your strongest personal assets that would be useful as a volunteer? _____

6. Training lasts for approximately ten weeks. We meet twice a week for approximately two and a half hours. Can you commit to attending the required training sessions? Please understand that any missed sessions **must** be made up before certification is awarded. _____

7. Volunteers are required to attend a monthly Volunteer meeting upon completion of training. Are you willing to attend these mandatory meetings? _____

* (We generally meet the 2nd Tuesday of the month)

8. What time commitment can you make as a volunteer? _____

9. Do you speak any languages other than English? If yes, what: _____

10. Do you have transportation? Yes No

11. As a volunteer for our Center what types of services would you be interested in?

Please check those that interest you: ChildSAFE (our school education program)_____

Community Education (assist staff with presentations)_____

Fundraising_____ Newsletter Preparation_____ Office Work_____

Special Events_____ Hotline (3 twelve hour shifts a month)_____

REFERENCES: Please list the name, address, and phone number of at least two people who have known you for more than a year, who we can contact for a personal reference (no family members please).

Name	Address	Phone	Years acquainted
------	---------	-------	------------------

Name	Address	Phone	Years acquainted
------	---------	-------	------------------

Name	Address	Phone	Years acquainted
------	---------	-------	------------------

*13. Have you ever been convicted of a felony or misdemeanor? _____

If yes please explain: state the charge(s), when, and where convicted and disposition of the case(s). _____

14. Is there any additional information you would like to share about yourself with us?

Date

Applicant's Signature

**** Live Scan must be done in order to volunteer with this agency.
If there is a problem with this procedure, please let us know.**