



Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Employer	
Street Address	
City, State, Zip Code	
Preferred Method of Contact	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail

Availability

What hours do you prefer to volunteer?

- Weekday mornings
 Weekend mornings
 After-school
 Weekday afternoons
 Weekend afternoons
 Holidays
 Weekday evenings
 Weekend evenings

How often are you willing to volunteer your time?

- Once a week
 Once a month
 For Special Events/Projects
 Once every two weeks
 When needed

Interests

Tell us in which areas you are interested in volunteering.

- Office Work (filing, phones, mail outs)
 Landscaping
 Other (Please list)
 Visitor & Information Desk
 "Handy-man"

 Waiting Area Attendant
 Photographer

 Fundraising
 Newsletter production

 Special Events/Projects

Education Background:

___ Some High School

___ Some College: Area of study: _____

___ High School Graduate/GED

___ College Graduate: Degree: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies.

Previous Volunteer Experience

Summarize your current and/or previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Demographic Information Request. This information is for reporting purposes only and kept confidential. Any information you wish to provide is strictly on a voluntary basis.

Race African-American Asian Caucasian Hispanic Other

Marital Status Single Married Divorced Widowed

Number of Children _____ Ages 0-4 5-12 13-17 18+

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that my application is subject to review by CACSC staff, and that additional interviews, training, contracts, and in-services may be involved in this volunteer work.

Due to the sensitive nature of the work at the Child Advocacy Center of Sedgwick County, and to protect the children and families served, any information I gain while performing my volunteer duties or during my participation at a CACSC program/activity/event will be held in strict confidence.

I understand that the CACSC reserves the right to refuse my request to volunteer, in any or all program areas, based on my ability to meet volunteer job requirements, the completion of a background/records check, and if applicable, my progress in recovering from childhood abuse issues.

Name (printed)	_____
Signature	_____
Date	_____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Background Check Authorization and Signature

In order to provide the children and families served by the CACSC with the most qualified volunteers, the Center conducts a criminal background check on every applicant. This includes, but is not limited to, records from the Kansas Bureau of Investigation, the Kansas Highway Patrol and the Kansas Central Registry of Child Abuse and Neglect. (Applicants who do not provide authorization will not be approved to serve as a CACSC volunteer.)

Last Name			
First Name		Middle Initial	
Birth Name			
Maiden Name			
Married or other legal names			
Aliases			
Date of Birth	/	/	Social Security Number
Driver's License #/State of Issue			

A security clearance **report will list all activity, including juvenile information and diversions**. Please answer the following questions.

1. Have you ever been charged in a criminal proceedings anywhere in the United States or in any foreign country with any crimes in which the final outcome of the court action resulted in a convictions, reduced charges, plea bargaining, diversion or any other disposition other than "not guilty"? _____ Yes _____ No
2. Are there currently any criminal charges, indictments or outstanding warrants pending against you? _____ Yes _____ No
3. Have you been adjudicated as a juvenile in the last five (5) years? _____ Yes _____ No
4. Have you had any convictions(s) expunged? _____ Yes _____ No
5. Have you ever been investigated for abuse or neglect of a person? _____ Yes _____ No
6. Have you ever had a protection from abuse or protection from stalking order against you? _____ Yes _____ No
7. If the answer to any of the questions (1-6) is "yes", please explain including dates of events. (Attach additional pages if more space is needed.)
8. Have you ever lived outside the state of Kansas? If yes, please indicate where and the dates. _____ Yes _____ No

Background Check Authorization and Signature (continued)

I understand that the position for which I am applying requires a security clearance. I voluntarily **waive all rights of recourse** against the Child Advocacy of *Sedgwick County* and its employees from all liability in complying with this authorization. I affirm that the information given on this form is **true and complete** to the best of my knowledge. I understand that deliberate **false statements or misrepresentations** could be considered grounds for rejection of my application and could be considered cause for **immediate dismissal**. I understand that, if selected as a volunteer, the **conviction of a prohibited crime or other prohibited conduct** may subject me to **immediate dismissal**. Further, I understand that once I am selected as a volunteer that I am required to notify the appointing authority any time I am charge with or convicted of a prohibited crime and that my failure to do so may subject me to **immediate dismissal**.

In connection with my volunteer application, I hereby authorize release to the Child Advocacy of *Sedgwick County* 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 position for which I am applying. I also acknowledge and accept the above terms as conditions of volunteer employment with the CACSC.

Signature _____

Date _____