



VOLUNTEER APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Emergency Contact	Phone		
EMPLOYMENT STATUS			
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Not Employed <input type="checkbox"/>	Student <input type="checkbox"/> If student, name of school:
Place of Employment			
Does your employer have a matching gift program? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/>			
Occupation			
EDUCATION AND TRAINING			
High School <input type="checkbox"/>	College <input type="checkbox"/>	Graduate School <input type="checkbox"/>	
Degree			
Do you speak a foreign language?	YES <input type="checkbox"/> NO <input type="checkbox"/>	What language?	
VOLUNTEER AND OTHER EXPERIENCE			
Do you have volunteer experience?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Where:	
Are you presently a volunteer elsewhere?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Where:	
List other community involvement (e.g., civic groups, church groups, etc.)			
OPPORTUNITIES AVAILABLE – PLEASE CHECK. IF INTERESTED IN MORE THAN ONE AREA, PLEASE PRIORITIZE			
HOME BASED PROGRAM:			
<input type="checkbox"/> Welcome Baby (providing support for new mothers)		<i>*Requirement:</i> Must be a mother of at least a one year old.	
SCHOOL BASED PROGRAM:			
<input type="checkbox"/> Funny Tummy Feelings Program		<i>*Requirement:</i> Must have some day time availability.	
GROUP BASED PROGRAM:			
<input type="checkbox"/> Children’s Group Facilitator			
Availability for Children’s Group Facilitator - Check All that Apply: <input type="checkbox"/> Day			
Evening - Check Nights Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday			
<input type="checkbox"/> Parent Group Facilitator		<i>*Requirement:</i> Must have master’s degree in a human services related field.	
SAFEchild ADVOCACY CENTER (SAC): <i>*Note: All applications for the SAC should be faxed to 919-231-5516 or email cderonja@safechildnc.org</i>			
<input type="checkbox"/> Administrative Office Support			
<input type="checkbox"/> Supervising and Entertaining Children			
OTHER:			
<input type="checkbox"/> Office Work (Answering Phones)			
<input type="checkbox"/> Support for Fundraising efforts/Event Coordination/Speaker’s Bureau			

COMMITMENT:Will you complete the required program specific training? YES NO Do you expect any changes in residence or business in the next 6 months to a year that would affect your commitment as a SAFEchild volunteer? YES NO

If Yes, please explain:

Why, at this time in your life, did you choose to volunteer?

Do you have YES NO If Yes, how many and their ages?
children?

How did you hear about SAFEchild?

REFERENCES AND SCREENING

We request the following information because of our dedication and commitment to the children under our protection. It is not requested as a violation of your privacy nor because we hold any blanket suspicion of potential volunteers. All youth-serving organizations must take reasonable cautions in selecting those who work directly with our children. This is a necessity in today's world and we would be remiss should we not carry out this responsibility. The information is kept confidential and is for your protection as well as our participant's peace of mind.

Volunteer positions with SAFEchild are filled on a selection basis with every effort being made to match abilities with positions.

NO VOLUNTEER WILL BE PLACED UNLESS THE FOLLOWING INFORMATION IS COMPLETED.

References will be checked. List three persons *not related to you* who can judge your qualifications for this position (teachers, community leaders, business associates, ministers, principals, SAFEchild volunteers, etc).

NAME	COMPLETE ADDRESS, CITY, STATE, ZIP	E-MAIL	PHONE NUMBER
1)			
2)			
3)			
Have you ever been charged with Domestic Violence or abuse of a minor?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Police records and references must be checked on all volunteers. Will this be a problem?			YES <input type="checkbox"/> NO <input type="checkbox"/>
I certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	

Date of Interview: _____ Program Applied For: _____

Date Volunteer Began: _____ Training Date: _____

Confidentiality Agreement: Date Volunteer Ended: _____Exit Interview: Appreciation Letter: Training Manual Returned: Interested in re-volunteering?