



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

Name of Institution Dates Attended

Degree / Major Date Graduated

High School

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:

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

Employer or Volunteer Organization

Address

City State Zip Code

Name & Title of Supervisor

Job Title / Position

Employer or Volunteer Organization

Address

City State Zip Code

Name & Title of Supervisor

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:

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.