



Volunteer Application

Name

First _____ Middle _____ Last _____

Maiden/A.K.A. _____

D.O.B. _____

SS # _____

Phone # _____

Address

Number & Street _____

City, State, Zip Code _____

Have you ever lived out of the State of Ohio? If yes, where and when? _____

Education

High School _____ Date Graduated _____

G.E.D. Program _____ Date of Certificate _____

College/Major _____ Date Graduated _____

Are you currently employed? If yes, where? _____

Criminal History:

Have you ever been charged with a felony? If yes, where, what, when and disposition? _____

Central Registry History:

Has a case of child abuse or neglect ever been substantiated against you? If yes, who, what, when and where? _____

Information:

If you are accepted, what hours and days are you able to volunteer? _____

Skills/Interests:**Briefly describe what skills you posses and what you would like to do at the CAC? _____**

Personal References (not family):**Name** _____ **Phone #** _____**Address** _____**Name** _____ **Phone #** _____**Address** _____**Name** _____ **Phone #** _____**Address** _____**Emergency Contact:****Name of person to contact in case of an emergency** _____**Phone #** _____ **Relationship** _____

I UNDERSTAND THAT THE CLARK COUNTY CHILD ADVOCACY CENTER WILL CONTACT MY REFERENCES TO OBTAIN INFORMATION REGARDING MY SUITABILITY TO WORK WITH CHILDREN AND FAMILIES. ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLETE ALL REQUIRED TRAINING. I UNDERSTAND THAT CRIMINAL HISTORY RECORDS AND THE DEPARTMENT OF JOB AND FAMILY SERVICES CENTRAL REGISTRY CHECK WILL BE COMPLETED. I UNDERSTAND THAT I WILL BE UNABLE TO VOLUNTEER UNTIL THE CHECKS HAVE BEEN COMPLETED. I UNDERSTAND THAT THE CAC RESERVES THE RIGHT NOT TO APPROVE MY APPLICATION.

Signed _____ **Date** _____**Mail** completed applications to: CAC Coordinator, 1346 Lagonda Avenue, Springfield, Ohio 45503**FAX** completed applications to: CAC@ (937) 327-3752