



## Volunteer Application Form

Child Advocacy Center  
1033 East Walnut Street  
Springfield, MO 65806  
(417) 831-2327

Last Name	First Name	MI
Current Street Address		
City	State	Zip
Phone	Email	Would like to receive CAC emails in the future (Y/N)
If student, Name of School	Grade Level	Major
Are you volunteering for class credit?		Number of Volunteer hours needed:
Volunteer Position Applying For:		Date(s) Available:

Fax (417) 831-5122

What day(s) are you available to volunteer

Check hours available

	9:00am – Noon	1:00pm – 4:00pm	As Needed
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY*			
SUNDAY*			

\*fundraisers / special events

Please list your preference of shifts listed:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Who or what influenced you to apply?

What would you like to gain from your volunteer experience?

List any previous volunteer experiences:

List any special training or talents you would like to use while volunteering at the CAC.

What hobbies do you enjoy?

Has the Missouri Division of Family Services, Missouri Children’s Division or similar agency in any other state ever issued a finding, determination or other decision substantiating either in whole or in part, to any degree whatsoever, a report that you engaged in child abuse or neglect, including but not limited to physical, emotional, educational, medical or sexual abuse or neglect of a child?

Yes  
 No

Have you ever been convicted of a criminal act? (Including traffic offenses and offenses related to DWI or DUI. You may exclude traffic offenses for which you were not sentenced to jail or the fine was \$100 or less)

Yes  
 No

Date of offense	Charge	City and State	Outcome

Local References

List two personal references and two professional references. Please include their contact information. Do not include family members.

1.
2.
1.
2.

Emergency Contacts

Name	Relationship	Phone Numbers
1.		
2.		
Physician Name:		
Phone Number:		

It is the Child Advocacy Center’s (CAC’s) desire to attract the highest quality volunteer staff, and to assure that children within our facility are safe and protected. I have been advised that as part of the application process for volunteer services at the CAC, I will have an interview, and my references will be contacted. I understand I will be required to sign the Child Advocacy Center confidentiality agreement and maintain all confidentiality during and after my volunteer experience. I fully consent to and authorize all inquiries. I understand I will have a background check. I understand that if my background check is not satisfactory, I will not be able to volunteer at the CAC.

I hereby acknowledge that I have read and understand the above statement, and all information provided is true and accurate.

Signature of Volunteer Applicant	Date