

#### **VOLUNTEER APPLICATION**

The Child Advocacy Center of Greater Rochester is an equal opportunity employer and supports workforce diversity. We do not discriminate against any employee, applicant for employment or volunteer because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status.

#### Please return the completed forms to volunteer@cacgroc.org or mail them to:

The Child Advocacy Center of Greater Rochester
The Skalny Building
One Mount Hope Avenue
Rochester, New York 14620

### PLEASE COMPLETE THE FOLLOWING:

WHOM SHOULD WE CONTACT IN AN EMERGENCY?

NAME: LAST	FIRST	MIDDLE	DATE:		
HOME ADDRESS			ZIP CODE	:	
CITY / STATE:			DATE OF	BIRTH (Month/Date/Year):	
EMAIL:			DRIVER'S	LICENSE NUMBER/STATE:	
PHONE: HOME CELL			DO YOU H	IAVE RELIABLE TRANSPORTATION?	
DAYS AND TIMES AVAILABLE TO VOLUNTEER:			HAVE YOU EVER APPLIED TO BE A VOLUNTEER IN THE PAST?		
EFERENCES: References should not be r	elated to you.				
NAME	EMAIL	Pł	HONE	RELATIONSHIP	
1.		(	)		
2.		(	)		
3.		(	)		

PHONE (Day)

PHONE (Night)
( )

RELATIONSHIP:

NAME:

## **EDUCATION COMPLETED:**

NAME OF HIGH SCHOOL, COLLEGE OR UNIVERSITY ATTENDED	LOCATION (CITY, STATE)	MAJOR	DATE ATTENDED From To	DEGREE/CERTIFICATE EARNED

# LIST VOLUNTEER OR PAID JOBS HELD IN THE PAST 5 YEARS, BEGINNING WITH MOST RECENT: Attach additional sheets if necessary.

EMPLOYER NAME	EMPLOYER ADDRESS	DATES EMPLOYED (Month/Year): From: To:
		FULL-TIME PART-TIME VOLUNTEER
POSITION HELD:		
RESPONSIBILITIES:		
REASON FOR LEAVING		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	PHONE
EMPLOYER NAME	EMPLOYER ADDRESS	DATES EMPLOYED (Month/Year): From: To:  FULL-TIME PART-TIME VOLUNTEER
POSITION HELD:		TOLE TIME TAKE TIME VOLONTELIN
RESPONSIBILITIES:		
REASON FOR LEAVING		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	PHONE

EMPLOYER NAME	EMPLOYER ADDRESS	DATES EMPLOYED (Month/Year): From: To:	
		FIOIII. 10.	
		FULL-TIME PART-TIME VOLUNTEER	
POSITION HELD:			
RESPONSIBILITIES:			
REASON FOR LEAVING			
WALE OF GUPERWARE		2.20.5	
NAME OF SUPERVISOR	TITLE OF SUPERVISO	PHONE	
YOU ARE A STUDENT, I	PLEASE ANSWER THE FOLLO	OWING QUESTIONS:	
SCHOOL:		NAME / DEPARTMENT:	
YEARS COMPLETED:	MAJOR/MI	MAJOR/MINOR:	
WHEN WILL YOU GRADUATE?	CAREER C	GOALS?	
SCHEDULE:			
HICH AREA(S) ARE YOU	INTERESTED IN VOLUNTEER	RING OR INTERNING?	
RECEPTION / WAITING AREA	4		
SPECIAL EVENTS / DEVELOR	MENT		
PROJECTED LENGTH OF COMMITM	ENT		
☐ 6 MONTHS ☐ 1 YEAR ☐			
	RIENCE DO YOU HAVE THAT WILL ASSIST Y	OU IN VOLUNTEERING?	
	OUT THE CHILD ADVOCACY (		
PERSONAL REFERRAL	WEBSITE: OTHER:	<u> </u>	

WHAT ARE YOUR HOBBIES AND INTERESTS?	
WHAT IS YOUR FAMILIARITY AND COMFORT LEVEL WI	TH CHILD ABUSE ISSUES?
WHY DO YOU WISH TO VOLUNTEER?	
WHAT ARE YOUR STRENGTHS?	
CONDI	TIONS OF AGREEMENT
<u>oonsi</u>	HONG OF AGREEMENT
<ul> <li>Volunteers are not considered emp</li> </ul>	loyees of The Child Advocacy Center of Greater Rochester
	at The Child Advocacy Center at the conclusion of the
volunteer assignment.	at the office have been at the conclusion of the
9	vide compensation or employee benefits of any kind.
	Child Advocacy Center policies and procedures, as
	Iteer Handbook including the Social Media and
·	nterest, Confidentiality, and Dress Code sections.
	ated Reporter training within three (3) months of
assignment.	
	t mandated to attend offered training workshops relating to
topics such as child abuse dynamic	cs, diversity, equity & inclusion, and self-wellness.
This document does not sonyo as an empl	loyment contract but rather specifies the goals, intent, and
·	
Greater Rochester.	otential Volunteer and The Child Advocacy Center of
Oreater Notrester.	
Volunteer	 Date
VOIGITIOOI	Dato