



ATHENS COUNTY CHILD ADVOCACY CENTER
VOLUNTEER APPLICATION

Director: Erin Nash
444 W. Union St. Suite B
Athens, OH 45701
(740) 566-HUGS
info@athenscac.org

Name: _____ Date: _____

Maiden Name: _____

Local Address:

Telephone: (H) _____ (W) _____

May you be called at work? _____ E-Mail Address: _____

Date of Birth: _____

Prior Addresses (if current address is less than 5 years):

Education: (Please circle highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____ Degree(s): _____

Are you presently enrolled in school? _____ If yes, please name school and

course of study: _____

Do you drive? _____ Do you have an automobile available to you? _____

Have you had any automobile citations and/or accidents in the last five years? _____ If yes, please list: _____

Do you have car insurance? _____

** Please provide a copy of your driver's license and most current insurance card with application
**

Have you or any members of your immediate family ever had any involvement with Athens County Children Services or any other children services agency? _____

If yes, please explain: _____

Have you ever been arrested for a crime? _____ If yes, what charge?

Do you have a history of mental illness? If so, please explain and provide diagnosis.

Please give a brief statement explaining why you want to work with the ACCAC;

Do you have any prior knowledge regarding the subject of child abuse?

Work/Volunteer History (Please use another sheet if necessary)

1. Name and address of present or last employer or volunteer project:

Phone number: _____

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

2. Name and address of next previous employer or volunteer project:

Phone number: _____

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

3. Name and address of next previous employer or volunteer project:

Phone number: _____

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

Please list other community activities and memberships in clubs, church, or other organizations: _____

Approximately, how much time can you contribute weekly as a CAC volunteer?

Are there particular times when you are not available? _____

Do you have any training or experience in any of the following?

_____ Medicine

_____ Education

_____ Mental Health/Counseling

_____ Criminology

_____ Psychology

_____ Law Enforcement

_____ Drug/Alcohol Abuse Programs _____ Advertising or Public Relations

_____ Child Development

_____ Child Care

_____ Writing

_____ Child Welfare

_____ Public Speaking

_____ Social Work

If you answered yes to any of the above, please describe: _____

How did you learn about the ACCAC Program? _____

Please add any information that you feel may be beneficial in regards to being a
volunteer for ACCAC:

REFERENCES: Please provide complete names, addresses, (including zip codes), and phone numbers/email of three people who are not related to you:

1. Name: _____ Phone: _____

Address: _____

Relationship: _____ Email: _____

2. Name: _____ Phone: _____

Address: _____

Relationship: _____ Email: _____

3. Name: _____ Phone: _____

Address: _____

Relationship: _____ Email: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Athens County Child Advocacy Center to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining suitability as an ACCAC volunteer. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials I may examine in my capacity as a volunteer. I will discuss these matters only with those persons directly involved in the case at the ACCAC.

Name (please print): _____

Signature _____ Date: _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize a representative of the Athens County Child Advocacy Center to conduct an investigation on my background in conjunction with their official duties.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to the Athens County Child Advocacy Center.

I authorize Athens County Children Services and any other Child Protective Agency to report to the Athens County Child Advocacy Center as to the existence of any records they may have regarding myself and my family in their possession.

This release is executed by me and with full knowledge and understanding that the information to be obtained about me is for the official use of the Athens County Child Advocacy Center. I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print): _____

Signature: _____

Date of birth: _____ Social Security #: _____