



# VOLUNTEER APPLICATION

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORKPHONE \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

NAME OF SCHOOL	MAJOR	DEGREE	DATES ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WORK EXPERIENCE IN THE LAST 3 YEARS:**

CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION \_\_\_\_\_

**PAST EMPLOYERS:**

	Name	Company	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**REFERENCES (Include a current employer, professional, and a personal reference):**

Name	Company/Affiliation	Phone Number
1.		
2.		
3.		

**GENERAL QUESTIONS:**

Why do you want to volunteer with Prevent Child Abuse Athens?

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How did you learn about PCAA?

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Do you have experience working with children (your own or other children)? In what capacity?

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Are you interested in (select all that apply)...

- Home Visiting     Phone Contact     Office work     Hospital-Based Contact

If you are interested in home visits, select any/all counties you would be willing to travel to...

- Clarke     Madison     Oconee     Oglethorpe

**COMMUNITY SERVICE (PRIOR AND CURRENT):**

Organization	Dates of Service	Position
1.		
2.		
3.		

**CHECK ANY AREA OF EXPERIENCE, SKILL, OR INTEREST THAT APPLIES TO YOU:**

- |  |  |
|--|--|
| <input type="checkbox"/> Babysitting                 | <input type="checkbox"/> Advertising                 |
| <input type="checkbox"/> Fund-raising/Special Events | <input type="checkbox"/> Art Work                    |
| <input type="checkbox"/> Transportation              | <input type="checkbox"/> Business/Finance            |
| <input type="checkbox"/> Refreshments                | <input type="checkbox"/> Computers/Word Processing   |
| <input type="checkbox"/> Public Relations            | <input type="checkbox"/> Education                   |
| <input type="checkbox"/> Special Projects            | <input type="checkbox"/> Editor/Writer               |
| <input type="checkbox"/> Government/Policies         | <input type="checkbox"/> Graphic Art/Design          |
| <input type="checkbox"/> Marketing                   | <input type="checkbox"/> Medical/Nursing             |
| <input type="checkbox"/> Ministry                    | <input type="checkbox"/> Music                       |
| <input type="checkbox"/> Photography                 | <input type="checkbox"/> Public Speaking             |
| <input type="checkbox"/> Recreation Leader           | <input type="checkbox"/> Legal                       |
| <input type="checkbox"/> Foreign Language            | <input type="checkbox"/> Families with Special Needs |
| Others (specify) _____                               |  |

List any physical challenges that require special needs \_\_\_\_\_

**PLEASE SHARE ABOUT ANY HOBBIES OR INTERESTS THAT YOU HAVE:**

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# Thank you!

Please return this application to:

Prevent Child Abuse Athens  
1551 Jennings Mill Rd Suite 700-A  
Bogart, Georgia 30622-2535

Please call if you have any questions: 706.546.9713