



VOLUNTEER APPLICATION

Date_____

Name_____

Address_____

City_____ State _____ Zip
Code_____

Phone
(day)_____ (evening)_____ (fax)_____

E-mail Address_____ Birthday (Month/Day)_____

Previous Address_____

How long there_____

Are you currently employed? _____

Position_____ How long there_____

Current
employer/address_____

Previous
employer/address_____

Position_____ How long there_____

Education_____

Previous or present volunteer experience

How did you learn about volunteer opportunities at CCAN?

What type of volunteer job are you most interested in? (you may check more than one)

Child Victim Advocate Project Kidz Talk©
Project Families Together Project LAUNCH

Speakers Bureau Office
Special Events

Please indicate your special skills that would be helpful to the Coalition Against Child Abuse & Neglect and its programs. Include bilingual skills, professional expertise, creative skills, hobbies, etc.

Please indicate how much time you have available for volunteer work.

Hours per week _____ Regularly each week? _____

Preferred days and hours _____

How long a commitment can you make as a volunteer?

We feel that volunteers are a very important part of the work of the Coalition Against Child Abuse & Neglect. Therefore, we want to know what our volunteers want and need from their time with us. Please answer the following questions as fully as possible to help us shape a volunteer program which will be a satisfying experience for you.

What would you describe as being your primary motivation for volunteering with CCAN?

social experience / meet new people

develop new skills

explore a different area of work

school requirements

contribute to cause to which I feel especially committed

other _____

Please comment about what you most hope to get out of your volunteer experience at CCAN:

Coalition Against Child Abuse & Neglect policy requires the screening of volunteers as well as employees to ensure their suitability for the important responsibility of work involving children. All information provided by you is confidential and will be used solely for the purpose of assisting in assigning you for volunteer responsibilities. A positive reply to any screening question does not automatically exclude you from the position.

Have you ever been convicted of a crime? yes no
If yes, please explain and include
dates _____

Have you ever been the subject of an indicated child abuse report? yes no
If yes, please explain and include
dates _____

List three references (one personal and two employer / school / volunteer related) who would be familiar with your qualifications and characteristics. Please list name, phone, address, your relationship with them, and length of time known.

1. _____

2. _____

3. _____

I affirm that the information given in this application is true to the best of my knowledge. I authorize investigation of all statements made in this application as may be necessary to arrive at a decision regarding my eligibility for volunteer services. I understand that this investigation may include a check of the New York State Central Register of child abuse and maltreatment and a criminal background check. I understand that it is a crime to knowingly falsify any such information on this form or in any interview and that knowingly falsifying any material information in this application may automatically disqualify me for the volunteer position.

Applicant's Signature

Date

CONFIDENTIALITY

The people who come to the Coalition Against Child Abuse & Neglect and its programs, both on-site and off-site, are often dealing with a variety of serious problems. The Coalition is deeply committed to assisting our clients as they try to gain control over their lives. Toward this end, it is imperative that our clients know that this agency will protect their dignity and privacy by treating all the information regarding our clients and their lives as completely confidential within the bounds of the law. **This agency prohibits disclosure of any client information without the client's express written permission or unless disclosure is mandated by law.** This confidentiality policy even prohibits disclosure of whether a person is a client of this agency unless the client has signed a written consent to release information or unless this agency is required by law to disclose this information.

CCAN deeply appreciates your commitment of time and energy to work with us as we try to serve our clients. As volunteers/ interns, your responsibilities will give you access to client information. You may learn of this information by reading records and forms, or by overhearing other workers speaking about a client, or you personally may have direct client contact. Therefore, you too must adhere to this agency's strict confidentiality policy.

Unauthorized disclosure of client information may cause embarrassment and result in the client not seeking needed help from any agency. In other cases, the breach of confidentiality may even endanger someone's safety. So even though you may feel a need to discuss a client's case with a person who does not work for CCAN, you cannot do so.

If anyone asks you about a client, direct him or her to your supervisor. Please know that your supervisor is always available to discuss a situation that is troubling, confusing, or especially interesting to you.

I agree to abide by CCAN confidentiality policy prohibiting disclosure of any client information to anyone. I will direct any questions about clients to my supervisor. If I breach this policy, I understand that I will be terminated from my volunteer position.

Signature

Witness

Date