



**CHILDREN'S ADVOCACY CENTER**  
**OF SMITH COUNTY**  
 HEALING • SAFETY • HOPE • JUSTICE

**Volunteer/Intern Application**

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City	State	ZIP	Phone		
E-mail Address				Are you over the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Availability: MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>		Time:		How many hours would like/need to volunteer/intern each week/month?	
Have you ever worked/volunteered for the CAC? YES <input type="checkbox"/> NO <input type="checkbox"/>			If so, when?		
Are you fluent in any foreign languages? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, please list all languages:		
Have you ever been prohibited, reassigned, or removed from serving as an employee or volunteer with any organization or agency working with children? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, explain:		

EDUCATION	
School Name	
Years Completed From                      To	Degree/Diploma Bachelors
Major	Minor
School Name	
Years Completed From                      To	Degree/Diploma
Major	Minor
School Name	
Years Completed From                      To	Degree/Diploma
Major	Minor

EMPLOYMENT	
Current Company	
Address	Supervisor
Job Title	
From                      To	Reason for Leaving
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	Phone/Email

Past Company			
Address		Supervisor	
Job Title			
From	To	Reason for Leaving	
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Phone/Email	

**VOLUNTEER EXPERIENCE**

Company		Phone	
Address		Supervisor	
Job Title			
From	To	Reason for Leaving	
May we contact for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Phone/Email	

Company		Phone	
Address		Supervisor	
Job Title			
From	To	Reason for Leaving	
May we contact for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Phone/Email	

**REFERENCES (REQUIRED)**

*Please list references (Non-relative).*

Reference			
Full Name		Relationship	
Company		Phone	
Address			
Reference			
Full Name		Relationship	
Company		Phone	
Address			

Reference			
Full Name		Relationship	
Company		Phone	
Address			

**DISCLAIMER AND SIGNATURE**

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been an employee/volunteer/interns. I give the employer the right to investigate all references and to secure additional information about me, if job-related.

I hereby release all liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. The employer is an Equal opportunity employer. The employer does not discriminate in employment/volunteering/internship and no question on this application is used for that purpose of limiting or excusing any applicant's consideration for employment/volunteering/internship on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment/volunteering/internship, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment/volunteering/internship at any time, with or without cause and without prior notice.

I understand that no representative of the employer has the authority to make any assurances to the contrary. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an appointment that would be required by the ADA

Signature	Date
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<b>OFFICE USE ONLY</b>			
Date Received:	Completeness Review:	Interview/Tour Date:	
Approved: <input type="checkbox"/>		Denied: <input type="checkbox"/>	
Orientation Date:	Reason:		
Staff Signature	Date		