

## **Volunteer Application**

Applicant Information				
Last Name	First Name	M.I.		
Street Address		Apartment/Unit #		
City	State	Zip		
Email Address		Phone #		
Preferred method of contact – Email Phone	Are you 18 years of age or older? Yes 🗌 No			
How many hours would you like to volunteer each week? Please fill out your availability below –				
Monday Tuesday Tuesday	Wednesday Thursday Thursday	Friday 🗌		
Time frame Time frame Time fram	me Time frame	Time frame		
Opportunities:				
Family Greeter / Front Desk Reception				
Spend time with our clients in the lobby. Also, answer phone	s and help with other duties as assigned!			
Child Engagement Group (Tuesday Nights/5pm -7pmonly)				
Assist Child Engagement Advocate with food set up and childcare at group meeting!				
Special Events / Projects				
Volunteer your time volunteering at our fundraisers and community events!				
Seasonal Assistance Drivers				
Help with Back-to-school, Thanksgiving, Christmas, etc., drives to help families in need!				
Consider hosting a drive at your church community group or neighborhood to collect needed items for these programs.				
Seasonal Decorating				
Decorate lobby and designated areas of the building to help clients feel welcomed and appreciated!				
Are you fluent in any foreign languages? Yes 🗌 No 🗍 If yes, please list languages:				
Have you ever worked for the CAC of Smith County? Yes  No If so, when?				
Have you ever volunteered at the CAC of Smith County? Yes \( \) No \( \) If so, when?				
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Have you ever been convicted of a felony or a misdemeanor? Yes No				
If yes, explain:				
Have you ever been prohibited, reassigned, or removed from serving as an employee or volunteer with any organization or agency working				
with children? Yes No				
If yes, explain:				



References (Required) – (Non-relatives)		
Character Reference		
Full Name	Relationship	
Company	Phone	
Address		
Professional Reference		
Full Name	Relationship	
Company	Phone	
Address		

Employment	
Are you currently employed? Yes No	
Company	Address
Phone	Job Title

## 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 employed/volunteering. 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 of 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 and no question on this application is used for that purpose of limiting or excusing any applicant's consideration for employment/volunteering 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, 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 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