

Children's Advocacy & Protection Center of Catawba County

Volunteer Application

Information from this form may be shared with members of CAPC's Board of Directors and/or Professional Advisory Council. Volunteer opportunities may include clerical duties, child care during evaluations, data entry, and assist with special events.

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Work Phone: _____ Home/cell phone: _____

Email: _____

Current Occupation/Employment: _____

Your educational background, including institutions, dates of completion and degrees

Your professional, social and/or community affiliations:

If you have had experience working with the following, please check below:

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Assault, Abuse, Neglect (victim's perspective) | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Victim assistance Law Enforcement |
| <input type="checkbox"/> Child Protection | <input type="checkbox"/> Law / Judiciary |
| <input type="checkbox"/> Education | <input type="checkbox"/> Marketing / Public Relations |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other child related field (specify) _____ |
| <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Strategic Planning |

Languages you speak other than English: _____

Are you willing to complete an application for a Criminal Record Check and/or a Child Abuse History Clearance from the Department of Social Services, indicating that you have no record listed in the registry of an indicated or founded child abuse? ___Yes ___ No

Why are you interested in volunteering for the CAPC? Please write 100 words or less on the back of this page.

Comments: _____

Signature: _____ Date: _____

Please send to the CAPC by fax, 828-464-7457; email, cac@catawbacountync.gov;

or post, CAPC 1007 1st Ave. S, Conover, NC. 28613.