



Volunteer Application

Date of Application: _____

Name

Date of Birth

Email Address

Phone Number(s)

Mailing Address

Scotty's House Child Advocacy Center has several opportunities for Volunteers. All types of Volunteers are needed to make services available to families in our community, and we value any skills you may have to help us improve the community in which we live. Listed below are the current Volunteer Opportunities available at Scotty's House. Please check the areas in which you are most interested:

_____ **Family Care**

_____ **Medical Volunteer**

_____ **Ambassador**

_____ **Program/Counseling Internship**

_____ **Prevention Volunteer**

_____ **Additional Volunteer Opportunities***

*If you have selected *Additional Volunteer Opportunities*, please specify:

Days/Times you will be available to Volunteer:

General Information

How did you learn about Scotty's House and our Volunteer Program?

What would you like to gain from your Volunteer experience?

Are you Volunteering for:

____ Class Credit (Please provide the name of your Instructor.)

____ Organization Credit (Please provide the name of your Organization.)

____ Other (Please explain.)

Are you currently employed? ____ Name of Employer: _____

Experience

Please list any previous Volunteer experience, particularly in working with children and families:

Length of Time

Organization

Responsibilities

Do you have any experience with:

Child Abuse? ☐ Yes ☐ No

If yes, please explain: _____

Foster Care? ☐ Yes ☐ No

If yes, please explain: _____

Criminal, Juvenile or Family Court System? ☐ Yes ☐ No

If yes, please explain: _____

Other Child Service Agencies? ☐ Yes ☐ No

If yes, please explain: _____

Skills & Special Abilities

Do you speak any language other than English?

_____ Yes _____ No Language: _____

Do you read/write in any language other than English?

_____ Yes _____ No Language: _____

Do you have any experience with blind or hearing impaired persons?

_____ Yes _____ No In what capacity? _____

Do you have any experience with handicapped persons?

_____ Yes _____ No In what capacity? _____

Emergency Notification

Please list a person to contact in the event of an emergency:

Name

Phone Number(s)

Address

Relationship

I, _____, have accurately completed this application and I understand that the information included in it will be used to assign me to the tasks best suited for my abilities and experience. I also understand that this application is not a contract between Scotty's House and me, and I can terminate my Volunteer services at any time.

Signature

Date