



Volunteer Application Form

301 W 13th St
 Pueblo, CO 81003
 (719) 583-6332

First Name:	Last Name:	MI:
List any other names you have been known by:		
Current Street Address:		
City:	State:	Zip:
Phone:	Email:	
If a student, name of school:	Grade Level:	Major:
Are you volunteering for class credit?	Number of volunteer hours needed:	
Volunteer Focus (Development/Direct Services):	Date(s) Available:	

What day(s) are you available to volunteer?

Check hours available

8:00am—Noon

1:00pm—6:00pm

As Needed

	8:00am—Noon	1:00pm—6:00pm	As Needed
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY*			
SUNDAY*			

*fundraisers/special events

Please list your preference of shifts listed above:

1.	2.	3.
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Who or what influenced you to apply? What would you like to gain from your volunteer experience?

List any training, volunteer experience, or special talents you have and would like to apply while volunteering at the CAC.

Has the Pueblo County Department of Social Services or similar agency in any other state ever issued a finding, determination or other decision substantiating either in whole or in part, to any degree whatsoever, a report that you engaged in child abuse or neglect, including but not limited to physical, emotional, educational, medical or sexual abuse or neglect of a child?

Yes

No

Have you ever been convicted of a criminal act? You may exclude traffic offenses for which you were not sentenced to jail or the fine was \$100 or less)

Yes

No

Local References

List **two** personal/professional references and their contact information.

- 1.
- 2.

Emergency Contacts

Name	Relationship	Phone Number

Physician Name:

Physician Number:

It is the Pueblo Child Advocacy Center’s (PCAC) desire to attract the highest quality volunteer staff, and to assure that children within our center are safe and protected. I have been advised that as part of the application process for volunteer services at PCAC, I will have an interview, and my references will be contacted. I understand I will be required to sign the Child Advocacy Center confidentiality agreement and maintain all confidentiality during and after my volunteer experience. I fully consent to and authorize all inquiries. I understand I will have a background check. I understand that if my background check is not satisfactory, I will not be able to volunteer at PCAC.

I hereby acknowledge that I have read and understand the above statement, and all information provided is true and accurate.

Signature of Applicant	Date