

Thank you for your interest in volunteering with the Children's Assessment Center!
If you have any questions regarding our volunteer opportunities, please contact Jennifer McKinstry, Victim Advocate/Volunteer Coordinator at (616) 336-5191.

Personal Information

_____ First Name	_____ Last Name	_____ Date of Birth
_____ Address		_____ Social Security Number (needed to complete background check)
_____ City	_____ State	_____ Zip Code
_____ Home Phone	_____ Cell Phone	_____ Email
_____ Emergency Contact	_____ Phone Number	

Please indicate your anticipated availability between 8pm and 5pm at time of application:

Mon. AM ____	PM ____	Thur. AM ____	PM ____
Tues. AM ____	PM ____	Fri. AM ____	PM ____
Wed. AM ____	PM ____		
*Weekday Evenings _____		*Weekends _____	

How many hours a week are you available? _____

*Occasional evening or weekend opportunities will be available.

Education/ Employment

_____ High School	_____ Graduation Year
_____ College	_____ Major and Year
_____ Other	_____ Area of Study
_____ Most Recent Employer	_____ Job Title
_____ Address	_____ Past or Current
_____ Supervisor or Employment Reference	_____ Phone Number

References

_____ First Name	_____ Last Name	_____ Phone Number
_____ First Name	_____ Last Name	_____ Phone Number

Volunteer Experience

Date Organization

Volunteer Responsibilities

What do you hope to gain from your volunteer experience with the CAC? _____

Please explain any experience you have working with children. _____

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer. _____

Which volunteer position interests you? Please indicate all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Building and Maintenance | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Data Entry/Computer tech. | <input type="checkbox"/> Photography (special events) |
| <input type="checkbox"/> Other: _____ | |

Have you ever been convicted of or pled no contest to a misdemeanor and/or felony? Yes ___ No ___

If yes, please explain: _____

Please read the following statements carefully and sign below

I certify that the statements I have made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I hereby grant the Children's Assessment Center permission to verify such information and conduct a background check including any criminal history and contacting personal, professional and volunteer references. I hereby release the CAC from any and all claims arising in any way from their participation in such an inquiry and investigation.

I understand that, should I become injured while performing volunteer work at the Children's Assessment Center, I am not covered under the Center's insurance and assume full responsibility for any subsequent medical expenses. I hereby hold harmless the CAC for any injuries I may sustain while volunteering.

I have read and understand volunteer duties and responsibilities as outlined in the CAC's Volunteer Application and here by agree to abide by them. **I agree to always maintain strict confidentiality regarding all clients, families, and donors involved with the Children's Assessment Center.**

Volunteer's Signature

Date

Please mail your completed application to
901 Michigan NE * Grand Rapids, MI 49503 (616) 336-5160 * www.cac-kent.org

