



## Volunteer Application

Date of Application: \_\_\_\_\_

Name

\_\_\_\_\_

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 Coordinator**

\_\_\_\_\_ **Administrative Team**

\_\_\_\_\_ **Scotty's House Ambassadors**

\_\_\_\_\_ **Special Event Volunteers**

\_\_\_\_\_ **Scotty's House Care Committee**

\_\_\_\_\_ **Additional Volunteer Opportunities\***

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

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Days/Times you will be available to Volunteer:

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### **General Information**

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

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What would you like to gain from your Volunteer experience?

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Are you Volunteering for:

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

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\_\_\_\_ Organization Credit (Please provide the name of your Organization.)

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\_\_\_\_ Other (Please explain.)

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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
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Do you have any experience with:

Child Abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

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Foster Care?  Yes  No

If yes, please explain: \_\_\_\_\_

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Criminal, Juvenile or Family Court System?  Yes  No

If yes, please explain: \_\_\_\_\_

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Other Child Service Agencies?  Yes  No

If yes, please explain: \_\_\_\_\_

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## 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.

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**Signature**

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**Date**