Crisis Center
of Anderson and Cherokee Counties

Volunteer Application

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Preferred method of contact	Phone ☐ Email ☐	Availability	MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ Shifts: 8 a.m. – 4 p.m. / 8 a.m. – 5 p.m.				
			Other availability options: Happy Bear ☐ Special Events ☐				
Are you fluent in any foreign languages?	YES ☐ NO ☐	If yes, please list all languages					
Have you ever worked for the CAC?	YES ☐	NO ☐	If so, when?				
Have you ever been convicted of a felony or a misdemeanor?	YES ☐	NO ☐	If yes, explain				
Have you ever been prohibited, reassigned, or removed from serving as an employee or volunteer with any organization or agency working with children?	YES ☐	NO ☐	If yes, explain				

EDUCATION								
High School				Address				
From		To		Did you graduate?	YES ☐	NO ☐	Degree	
College				Address				
From		To		Did you graduate?	YES ☐	NO ☐	Degree	

REFERENCES			
Please list three references (Non-relative).			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

EMERGENCY CONTACT

Name		Phone		Relationship	
Street Address				Apartment/Unit #	
City		State		ZIP	

EMPLOYMENT

Are you currently employed? YES ☐ NO ☐		
Company		Phone
Address		Supervisor
Job Title		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

VOLUNTEER EXPERIENCE

Please list any schooling or experience that may help you in this field.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that three background checks must be completed: Child abuse registry, sex offender registry and criminal history.

If this application leads to volunteer appointment, I understand that false or misleading information in my application or interview may result in my release.

Signature Date

OFFICE USE ONLY

Date Received:	Completeness Review:	Interview/Tour Date:
Approved: ☐	Denied: ☐	
Orientation Date:	Reason:	
Staff Signature	Date	

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PLEDGE OF CONFIDENTIALITY

The responsibilities of the Crisis Center volunteers include access to personal information about children and their families. These may be clients, volunteers, or employees of the Center.

Any information observed in connection with volunteering at the Crisis Center is considered strictly confidential. Confidential information includes information about the client's identity, his or her family's identity, details of any meetings with a client, any information gathered while working with the client or with the client's family as well as any personal information disclosed to you in conversation during their visit at the Center.

VOLUNTEER PLEDGE OF CONFIDENTIALITY

I,_____, pledge that I will hold in confidence all information relating to the individual cases and clients at the Crisis Center. I will not violate the confidential relationship between the Crisis Center, its volunteers, participating and related agencies, courts and all parties interviewed or present at the Center. I will not remove written or recorded (audio and/or video) information from the offices of the Crisis Center of Anderson and Cherokee Counties without expressed permission from the Executive Director or designated professional staff.

I agree to return all information that I have gathered, printed information or notations relevant to all cases and/or clients to whom I have been assigned at the request of the Executive Director or designated member of the professional staff of the Crisis Center.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

Signature_____ Date _____