



Prevent Child Abuse Rockdale

P.O. Box 81025 Conyers, Georgia 30013

Phone: (770) 483-7333

Email: pcar@bellsouth.net

Non-Profit Tax ID # 58-1953388

Volunteer Application

Please fill out this application as completely as possible. As you know, our volunteers may be involved in programs that provide direct services to children. For that reason, please understand that we must screen all of our volunteers thoroughly. Your information will remain confidential and we do not ever share or sell our data.

Name _____
Last First Middle

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Mobile Phone _____ E-mail _____

Best time to be contacted _____ Date of Birth: _____

Number of hours available per week _____

Best Day(s) to volunteer: Mon Tues Wed Thurs Fri Sat Sun

Have you ever been a program participant? _____ Yes _____ No

If "Yes", which one and when? _____

Volunteer positions held in the past

Where are you employed? _____ Full-time / Part-time

What skills or talents do you have which might be useful in this program?

What training or experiences do you have which might be useful in this program?

Please complete both sides of this application.

Have you been convicted of a criminal offense? Yes No
(If yes, please explain below)

Have you been convicted of or been involved in any activities related to child abuse, neglect? If yes, please explain.

References: (Please provide name and phone of three references, including a former supervisor)

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date. I understand that approval of my application is contingent upon the results of a reference and background review, and I hereby authorize PCAR and its agents to investigate the truthfulness of all information I have provided on my application, resume, and other attachments. I give consent for all contacted persons to provide information concerning my application, and I release each such person from liability for providing information to PCAR and its agents. I hereby request and agree that PCAR will respond to inquiries made as a part of a reference check by prospective employers. I agree to waive any right to bring legal action against PCAR and its agents for the disclosure of such information.

Signature _____ Date _____

Upon completion, please return in the envelope provided to:

*Prevent Child Abuse Rockdale
P.O. Box 81025
Conyers, GA 30013*

If you have any questions, or would like additional information, please call 770-483-7333.

Please complete both sides of this application.