



BARREN RIVER AREA CHILD ADVOCACY CENTER VOLUNTEER APPLICATION

Date of Application: _____

Full Legal Name: _____

Please list any other names used (i.e., maiden, etc.,) _____

Social Security Number: _____ Date of Birth: _____

Ethnicity/ Race: _____ Driver's License # (State): _____

Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Evening Phone: _____

Select all areas of interest:

Working with Children and Families

- Family Greeting and Escort
- Child/Sibling Supervision
- "Court Education Program"
- Treatment and Psychoeducational groups

Center Support

- Administrative/Team Support
- Building Maintenance/ Cleaning
- Technology/Social Media Support

Fundraising Activities

- The Great Teddy Bear Run for the CAC Motorcycle Benefit Ride
- Over the Edge - A Building Rappel for Child Advocacy
- Special Event Support/Preparation

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What days are you normally available to volunteer?

Do you have specific times that you are available on these days?

Mon _____

Tue _____

Wed _____

Thur _____

Fri _____

Sat _____

Sun _____

What do you hope to gain from your experience? _____

How did you learn about our Center? _____

Are you volunteering for class credit? ___ Yes ___ No

Name of Instructor: _____

Are you currently employed? ___ Yes ___ No

Place of Employment: _____

Are you currently in school? ___ Yes ___ No

School? _____

Which language(s) do you speak?

___ English ___ Bosnian ___ Other: _____

___ Spanish ___ Russian

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What is your education background?

High School Graduate 2-year degree

4-year degree Other: _____

Do you have experience with children? Please list ages and type of activities: _____

Do you have experience with any of the following?

Please Explain:

Child Abuse? _____

Foster Care? _____

Child Welfare? _____

Criminal, Juvenile, or Family Court Systems? _____

Other Child Service Agencies? _____

Please List your current clubs or organizations that you are involved with, including any office or responsibility:

Volunteer Experience (please give names or organization and involvement):

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Why do you want to volunteer with our Center?

Please list any volunteer or paid experience that you feel is relevant to your application:

References

Please list two character and one employer references with a phone number (do not include family members):

- 1. _____
- 2. _____
- 3. _____

Emergency Contact

Name of person to contact in case of an emergency: _____

Phone #: _____ Alternate #: _____

Attending Physician: _____

Phone number of Physician: _____

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Authority For Release of Information:

BRACAC will complete a record check with the Kentucky Cabinet for Families & Children and the Kentucky State Police on all potential volunteers. BRACAC does not accept applicants if they have been convicted or have prior charges or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that might pose risks to children or to the program's ability to deliver quality services.

Have you lived out of the state in the past three years? No Yes,

if so, where? _____

Please carefully read carefully before signing:

I understand that the Barren River Area Child Advocacy Center, Inc. will contact my references to obtain information regarding my suitability to work with children and families. All of the information on this application is accurate to the best of my knowledge. I agree to take any required orientation or training necessary for the volunteer position that I have applied for. I understand that background checks will be completed on me to ensure my compatibility with the mission of the Center. I further understand that I will be unable to volunteer until the checks have been completed. ****Forms granting permission for such checks are attached****

Signature of Volunteer Applicant

Date

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103 E. 12TH AVENUE
BOWLING GREEN, KY 42101
270-783-4357