



"... promote justice and healing of child victims of abuse and violence by coordinating investigative, prosecutorial, treatment, and prevention."

Volunteer/Intern Application

PERSONAL INFORMATION

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email address: _____ Date of Birth: _____

Gender: _____ Ethnicity: _____ Place of Birth: _____

Social Security: _____ Driver License: _____ State: _____

How long have you lived in this county? _____

Marital Status: _____ If Married, Spouse's Name: _____

Maiden Name (If applicable): _____

Former Married Names: _____ Alias used: _____

(5) Previous Addresses (Start with the most recent)

Address	City, State and Zip	Dates

How were you referred? _____

Emergency Contact Person: _____ Phone #: _____



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EDUCATION

Highest Level of Education Completed (Circle one): **High School** **College** **Graduate** **Other**

Degree Eared: _____ **Major:** _____

Special Training: _____

Certificate Earned: _____

Name of School and course of study: _____

Are you in school now (Circle one): **Yes** **No** **If, yes,** **Part time** **Full Time**

Are you seeking college credit or internship? **Yes** **No**

Hobbies/ Special Skills:

EMPLOYMENT/ VOLUNTEER EXPERIENCE

Occupation: _____ **Job Title:** _____

Current Employment Status: **F/T** **P/T** **Retired** **Student** **Not Working**

Employer Name	Address (include City, state and zip)	Phone Number	Dates of Employment

Please list any other community affiliations that you may have and your role (including church, civic, and others).



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Have you or any member of your family ever received any services through the Wynona's House Child Advocacy Center?

If the answer is yes please list who received the services, what services were received and when:

Please write a few paragraphs telling us about yourself in relation to being a Family Advocate volunteer. Please include why you would like to be part of Wynona's House. Please feel free to attach additional pages

How did you hear about us? (Please circle one)

Brochure Friend Newspaper VolunteerMatch Internet TV/Radio Website National Children's Alliance
Wynona's House Staff or Volunteer(specify) School Work Other

Availability: Morning: _____ Afternoon: _____ Evening: _____ All Day: _____
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____ Open: _____

"I hereby authorize release of the above information to the Essex County Prosecutor's Office for the purpose of completing a criminal background check."

Print Name: _____ **Date:** _____

Signature: _____



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Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.



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CONFIDENTIALITY STATEMENT

Upon signing the statement, I _____, am agreeing to maintain strict confidentiality of all information pertaining to cases coordinated at Wynona's House (The Center).

To maintain confidentiality means that I will not discuss cases with spouses, children, friends or relatives. I may only discuss cases with The Center's staff, volunteers or other persons who are party to the case.

I fully understand that failure to comply with The Center's Confidentiality Policy may result in termination of my relationship with The Center. This agreement is entered into for the purpose of protecting the children and families who are served at The Center.

Signature

Date



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VOLUNTEER/INTERN AGREEMENT

If accepted as a volunteer or intern:

I will offer my services with a clear understanding that there will be no monetary compensation.

I will readily accept training and supervision by staff and endeavor to be prompt and regular in my service.

I will observe all of the CAC's regulations, and will not divulge any confidential information that I shall see or hear during my volunteer service at the CAC. I will keep confidential any information entrusted to me concerning clients, the CAC's staff, and the CAC's business whether I acquire it directly or indirectly, and I will not seek out such information.

I understand that assignment to a service is conditioned upon my performance, satisfaction with the assignment, and continued need for the service.

Signature _____ Date _____