



"... 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?**

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

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**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

Idealist

Internet

**Availability:** Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_ All Day: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_ Open: \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



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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 \_\_\_\_\_