



CHILD PROOF ADVICE

Empowering Through Education to Improve Child Safety

www.childproofadvice.org

*"You make a living by what you get, you make a life by what you give."
Winston Churchill*

Volunteer Application

(Please print clearly; to be accepted, you must complete all sections)

Name _____

First

Last

Middle

Home Address _____

City _____ County _____ State _____ Zip Code _____

Telephone _____ Email _____

Work

Home

Mobile

Date of Birth : _____

Your present or most recent career title, occupation or profession : _____

Education or Training : _____

List prior or current Volunteer positions : _____

List special skills or areas of interest you are willing to share as a Volunteer : (check all that apply)

Administrative : _____ Office / Clerical Translator _____

Accounting : _____ QuickBooks Manager

Communications: _____ (Writer of Articles/Tips) Marketing Material Designer _____

Technical : _____ Website Design / Maintenance Social Media Manager _____

Languages : _____ English _____ Spanish _____ Other (_____)

Other Interests: _____

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(Please print clearly; to be accepted, you must complete all sections)

What days are you available to help : ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

What hours are you available to help : _____ a.m. _____ p.m.

Transportation : ___ Personal Vehicle ___ Public Transportation ___ Taxi ___ Walk

Driver's License No : _____ State _____ Expiration: _____

Vehicle Insurance : ___ Yes ___ No Insurance Company : _____

References: (minimum of three required – two supervisors and one personal)

Emergency Contact Information:

Contact : _____ Relationship : _____

Emergency Address : _____

Emergency Telephone : Home _____ Mobile _____

Please read the following, sign and date this form :

I hereby give my consent for Child Proof Advice to share this information with others involved in the selection of Volunteers and for any reference or background checks that may be required to be conducted. Further, I release Child Proof Advice from responsibility and financial obligation for any personal accident, injury or medical emergency that may develop while employed as a Volunteer for Child Proof Advice.

Volunteer's Signature _____ Date _____

Comments:
