



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: (Month/Day): _____

Position volunteering for: _____

Your present or most recent career title or occupation: _____

Education and/or Training: _____

List prior and current volunteer positions: _____

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

Administrative: _____ Accounting: _____ QuickBooks Manager: _____

Communications: _____ Marketing Designer: _____ IT Manager: _____

Website Maintenance (WordPress): _____ Social Media Manager: _____

Other Interests / Comments: _____

Volunteer Application – Page Two

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

What days can you volunteer: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

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

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

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. Further, I release Child Proof Advice from responsibility and financial obligation for any personal accident, injury or medical emergency that may develop while serving as a volunteer for Child Proof Advice.

Volunteer's Signature: _____ **Date:** _____

Comments:

Electronic signatures acceptable for this document