



# CHILD PROOF ADVICE

Empowering Through Education to Improve Child Safety

[www.childproofadvice.org](http://www.childproofadvice.org)

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

## Volunteer Profile

(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 Profile – 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)*

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**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:**

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*Electronic signatures acceptable for this document*