



Thank you for your interest in volunteering with the Children's Advocacy Center of Kent County! Please fill out the following application electronically and return it to mdevries@cac-kent.org.

You will have an opportunity to sign during your interview.

Personal Information

First Name	Last Name	DOB
Street Address		
City	State	Zip Code
Phone Number		Email
Emergency Contact/Relationship		Emergency Contact's Phone Number
Where did you hear about the CAC or who referred you?		

Education/ Employment

College	Major & Year
High School	Graduation Year
Other	Area of Study
Most Recent Employer	Job Title
Address	Past or Current
Supervisor or Employment Reference	Phone Number

References

First Name	Last Name	Relationship	Phone Number
First Name	Last Name	Relationship	Phone Number

Volunteer Experience

Date	Organization	Responsibilities

What do you hope to gain from your volunteer experience with the CAC?

Please explain any experience you have working with children:

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer:

Have you ever been convicted of or plead no contest to a misdemeanor and/or felony?
If yes, please explain:

Please read the following statements carefully and sign below

I certify that the statements I have made in this application are true, complete, correct to the best of my knowledge, and are made in good faith. I hereby grant the Children’s Advocacy Center permission to verify such information by conducting a background check, including any criminal history, and contacting personal, professional, and volunteer references. I hereby release the CAC from any and all claims arising in any way from their participation in such an inquiry and investigation.

I have read and understand the volunteer duties and responsibilities as outlined in the CAC’s Volunteer Application and hereby agree to abide by them. I agree to always maintain strict confidentiality regarding all clients, families, and donors,involved with the Children’s Advocacy Center.

I understand that, should I become injured while performing volunteer work at the Children’s Advocacy Center, I am not covered under the Center’s insurance and assume full responsibility for any subsequent medical expenses. I hereby hold harmless the CAC for any injuries I may sustain while volunteering.

DO NOT SIGN - will sign at interview

DO NOT DATE - will date at interview

Special Skills & Interests

Which volunteer position interests you? Please indicate all that apply.

- | | |
|---------------------------|-------------------------|
| Administrative/Data Entry | Healing Garden |
| Child Care/Lobby Support | Prevention Support |
| Craft Projects | Bulk Mailings |
| Group Projects | Special Events/Outreach |

Please list any strong interest, knowledge areas, experience, or special skills that you offer as a volunteer:

- | | | |
|----------------------|-----------------|-----------------|
| Business | Finance | Medical |
| Corporate Experience | Government | Mental Health |
| Development | Human Resources | Multi-Lingual |
| Education | Law Enforcement | Small Business |
| Faith-Based | Legal | Social Services |
| Foundations | Media | Technologu/IT |

*If volunteering for a school requirement:

Name of school: _____
 Name of professor: _____
 Email address of professor: _____
 How many hours need to be completed: _____
 Date hours need to be complete: _____

How many hours are you available per week? _____

Please indicate your hours of anticipated availability between 8:30am and 5pm:

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM



Volunteer Release of Information Form For CAC Background Check

Full Legal Name: _____ DOB: _____

Previous Names Used:

Address:

Driver's License #:

Race/Ethnicity (check all that apply):

American Indian/Alaska Native

Black

Asian/Pacific Islander

Mixed Races

Hispanic

White (Non-Hispanic)

Gender (as assigned at birth, for background clearance purposes):

Male

Female

I hereby authorize permission for the Children's Assessment Center DBA Children's Advocacy Center of Kent County to conduct a prospective volunteer and, upon regular volunteering, an annual background clearance including child abuse registry and criminal history.

Signature

Date

* Copy of Photo ID needed for DHHS Central Registry Clearance



Employee/Volunteer/Intern Information Form

The CAC is committed to being a safe space for all religions, races, ethnicities, orientations, and identities for our staff, volunteers, and interns. We understand that some of the questions required for background clearance purposes may not accurately represent how you identify. The questions below are completely optional, and you are NOT required to answer any in order to work or volunteer at the Center.

Name/Preferred Name:

Preferred pronouns:

Gender, as you identify

Is there anything you would like our staff to know about you in order to make your time here feel more safe and comfortable?

From your unique perspective, are there any suggestions and/or concerns you may have that would make our Center a more welcoming space for all individuals?

Are you comfortable with us sharing this information with our management team:

All staff:

CAC Confidentiality Statement

Through your activities and duties, you may learn of or have access to protected health and financial information for clients and employees. Protected health information, for employees and clients, is defined as any information that identifies an individual (client) and describes their health status, sex, age, ethnicity, or other demographic characteristics, in any format (i.e., electronic, written, or oral). Protected health information is to be maintained in a confidential manner. All protected health information is protected by law and by the privacy policies of this practice. The intent of the laws and policies is to ensure that protected health information remains confidential, and that it is used only to provide for client care and services. Your duties, obligations and responsibilities with regard to confidentiality are described below in the form of an agreement with this practice. You are required to abide by these duties, obligations and responsibilities. Any violation will subject you to discipline, which may include termination of the volunteer agreement and legal liability from the patient and this practice.

Confidentiality Agreement - I, the undersigned, agree to the following:

1. I will use protected health information only as needed to perform my legitimate duties as a volunteer of this practice. This means, among other things, that:
 - I will only access protected health information necessary for the performance of my duties;
 - I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information, except as properly authorized by the center; and
 - I will not misuse or act carelessly with protected health information.
2. I will safeguard and will not disclose information that could provide access to protected health information by persons outside of this practice.
3. I will report activities by any person or entity that I suspect may compromise the confidentiality of protected health information. (Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.)
4. I understand that my obligations for maintaining confidentiality of protected health information maintained by this practice will continue after termination of the volunteer agreement.
5. I understand that I have no right or ownership interest in any protected health information referred to in this agreement. The center may at any time revoke my access to confidential information. At all times during and after my volunteer agreement, I will safeguard and retain the confidentiality of all protected health information.
6. I will be responsible for any misuse or wrongful disclosure of confidential information and for my failure to safeguard my means of access to confidential information. I understand that my failure to comply with this agreement may also result in my loss of the volunteer agreement and legal liability.
7. All Center communications and Center business are strictly confidential and must be treated as such by all employees, volunteer and service providers. No one shall divulge confidential Center business including, but not limited to, files, case records, referrals, the identity of patients, clients or alleged perpetrators, Board of Directors' information, funding sources and financial status, to any person other than Center staff, assigned service providers or members of the Board of Directors. No staff member or volunteer may speak to the media without the prior approval of the Executive Director.

Name (Please Print)

Signature

Date