



**Kindred Kids**  
Child Advocacy Center

## Volunteer Application

Kindred Kids Child Advocacy Center, Inc. (CAC) offers equal opportunities to all applicants. It is committed to equitable and fair selection procedures, without regard to race, sex, age, color, religion, disability, national origin, ancestry, marital or familial status, sexual orientation, or any other category protected by federal law, the laws of the State of Colorado, or other applicable laws and regulations. No question on this application is intended to secure information to be used for any discriminatory purposes. Your application will be given every consideration, but its completion does not imply that you will be selected by the CAC.

Please print all information requested except signature

**Date of Application** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

**DATE of Birth:** \_\_\_\_\_

**Preferred Mailing Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_ (cell)

**Current or most recent occupation** \_\_\_\_\_

**Employer (if applicable)** \_\_\_\_\_

Have you previously volunteered for the CAC? Yes No

If Yes, dates when you volunteered \_\_\_\_\_

Have you previously volunteered for another organization? Yes No

If Yes, organizations name and dates \_\_\_\_\_

Are you willing to commit to a minimum of six months? Yes No

If No, please explain \_\_\_\_\_

Are you currently volunteering, or serving on the board of another organization? Yes No

If Yes, organizations name and dates \_\_\_\_\_

### Availability

**Volunteer availability Requirements: Volunteers must be able to volunteer in the office at minimum 2 days a month for a total of 8 hours. In addition, Volunteers must be able to be on call for one weekend per month. Weekends start on Friday evening at 7pm and end on Sunday at 7pm.**

#### Weekday Availability

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9:00 – 1:00pm	<input type="checkbox"/> 9:00 – 1:00pm	<input type="checkbox"/> 9:00 – 1:00pm	<input type="checkbox"/> 9:00 – 1:00pm	<input type="checkbox"/> 9:00 – 1:00pm
<input type="checkbox"/> 11:00 – 3:00pm	<input type="checkbox"/> 11:00 – 3:00pm	<input type="checkbox"/> 11:00 – 3:00pm	<input type="checkbox"/> 11:00 – 3:00pm	<input type="checkbox"/> 11:00 – 3:00pm
<input type="checkbox"/> 1:00 – 5:00pm	<input type="checkbox"/> 1:00 – 5:00pm	<input type="checkbox"/> 1:00 – 5:00pm	<input type="checkbox"/> 1:00 – 5:00pm	<input type="checkbox"/> 1:00 – 5:00pm
Other:	Other:	Other:	Other:	Other:

#### On-Call Weekend Shift Availability

<input type="checkbox"/> 1 <sup>st</sup> Weekend	<input type="checkbox"/> 2 <sup>nd</sup> Weekend	<input type="checkbox"/> 3 <sup>rd</sup> Weekend	<input type="checkbox"/> 4 <sup>th</sup> Weekend
<input type="checkbox"/> Would like the option to change each month			

### CONVICTIONS

During the past 10 years, have you ever been convicted of a crime other than a minor traffic offense?

Yes  No

A conviction will not automatically disqualify you from a volunteer position at FCSI.

If yes, please explain number of conviction(s), nature of offenses(s), leading to convictions(s), how recently such offenses was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

---



---



---

### PROFESSIONAL REFERENCES

Please list three professional references.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**PERSONAL REFERENCES**

Please list two personal references.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**SPECIAL SKILLS and INTERESTS**

- Finance
- Marketing
- Communications
- Fundraising
- Graphic Design
- Leadership
- Law Enforcement
- Governance
- Web Development
- Other: (please state) \_\_\_\_\_

**PERSONAL STATEMENT**

Please write a brief (limit 200 words) statement about your interest in serving FCSI and what contributions do you feel you can make? What can we do to make your volunteer experience a positive one? (may attach additional sheets to this application if needed)

---

---

---

---

---

---

**ADDITIONAL INFORMATION YOU WOULD LIKE FCSI TO CONSIDER**

An application form sometimes makes it difficult for an individual to adequately summarize his/her complete background. Use the space below to summarize any additional information you feel is necessary to describe you full qualifications for the position for which you are applying.

---

---

---

---

---

---

APPLICANT'S CERTIFICATION AND RELEASE

I hereby certify that all the information and facts that I provided on this application, or any other document submitted in connection with my application, and in any interview, are true and correct. I hereby release the CAC from any and all liability of whatever kind and nature that, at any time, could result from the CAC's verification of the information given by me on this application, and any decision made by the CAC on the basis of such information. I understand that if the CAC appoints me to a volunteer position, and I accept, I will adhere to the policies, rules, and regulations of the CAC.

I have included a copy of my Driver's License with this application

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in the CAC and for completing this application form!