



# Volunteer Application



## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

## Work Information

Company Name: \_\_\_\_\_ Current Position: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Best way to contact you: \_\_\_\_ phone \_\_\_\_ email

## References

Please list three people who are not related to you who are able to provide information on your skills, knowledge, character, and ability.

Name	Relationship	Street Address	City	State	Zip	Phone

**PLEASE INCLUDE COMPLETE ADDRESSES – WITHOUT THIS INFORMATION YOUR APPLICATION WILL NOT BE PROCESSED.**

<b>For Staff Use Only:</b>	
Entered into DB	<input type="checkbox"/> Staff Initials: _____
Background Received	<input type="checkbox"/>
Training Complete	<input type="checkbox"/>

**Criminal Record**

Have you ever been convicted of a crime (includes DUI, but not a minor traffic violation)?  Yes  No

Do you agree to disclose any future criminal violations or convictions?  Yes  No

**Volunteer Experience**

What previous volunteer experience have you had, if any?

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Have you ever been asked to relinquish a volunteer position?  Yes  No

**Interests**

Please list any skills, hobbies, other languages spoken, and/or talents that you think would be an asset to your volunteer work at PCA Georgia:

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How did you hear about Prevent Child Abuse Georgia?

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Why do you want to volunteer at Prevent Child Abuse Georgia?

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Please indicate which volunteer area(s) you would be interested in volunteering. Descriptions of each program and corresponding volunteer roles are included with this application.

- First Steps (*requires additional training*)
- 1- 800-CHILDREN – Helpline
- Special Events
- General Administration

*By submitting this information, I certify that the information provided in this application is true and correct to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in Prevent Child Abuse Georgia – volunteers are essential to our mission: The prevention of child abuse in all its forms.



**AUTHORIZATION FOR  
PREVENT CHILD ABUSE GEORGIA  
BACKGROUND CHECK**

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AREA CODE / PHONE NUMBER: \_\_\_\_\_(h) \_\_\_\_\_(w)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Prevent Child Abuse Georgia to conduct a background check. I understand that if the background investigation indicates that I have been convicted of a felony including or involving children, I will not be permitted to volunteer or work for Prevent Child Abuse Georgia. I also understand that if I have been convicted of other crimes, I may be permitted to volunteer or work for Prevent Child Abuse Georgia after consideration by the organization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Prevent Child Abuse Georgia  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date