

CCCO VOLUNTEER APPLICATION

(please type or print clearly)

GENERAL INFORMATION:

Today's Date: _____ Full Name: _____

Maiden/Other Name Used: _____ Date of Birth: _____

Address: _____ Phone #: _____

City: _____ Zip: _____ [] Male [] Female

Email Address: _____ Social Security #: _____

EDUCATION:

Type of School: [] High School [] College – School Name: _____

Years Completed: _____ Degree Earned: [] Yes [] No – Degree: _____

Type of School: [] High School [] College – School Name: _____

Years Completed: _____ Degree Earned: [] Yes [] No – Degree: _____

EMPLOYMENT:

Company Name: _____ Occupation: _____

VOLUNTEER EXPERIENCE:

Experience Specifically with Youth: _____

SKILLS/INTEREST (mark all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Mentoring/Counseling | <input type="checkbox"/> Recreation/Sports |
| <input type="checkbox"/> Marketing/Photography | <input type="checkbox"/> Computers | <input type="checkbox"/> Life Skills/Arts |
| <input type="checkbox"/> Teaching/Tutoring | <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Janitorial |

Why would you like to volunteer with CCCO? What area most interests you and why?

Do you speak any language other than English? _____

AVAILABILITY:

Frequency:

Weekly (required if working with youth) Monthly (special Events or non-youth work)

Monday Tuesday Wednesday Thursday Friday

Time Slots:

12-2pm (janitorial and computer work) 3-5:30pm (K-5th grade volunteers)

3:30-7pm (6th-12th grade volunteers) 11am-4pm (Marketing)

6:30-9pm (Board Member or Event Planning Committee Member)

PERSONAL REFERENCES:

Name: _____ Email: _____

Phone Number: _____ Years Known: _____

Name: _____ Email: _____

Phone Number: _____ Years Known: _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Relationship: _____

BACKGROUND CHECK AUTHORIZATION & VOLUNTEER AGREEMENT:

I, _____, give Central City Community Outreach permission to run a criminal background check on me if necessary for the volunteer position for which I am applying. I also agree that I will pay the \$15 it will cost the organization to run this check prior to my first volunteer shift. I give my authorization to CCCO to verify the above information. They may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability to volunteer. I verify that the above information is true.

I have read, understand & agree to abide by the policies of Central City Community Outreach.

I agree to complete permission slips when with students under CCCO policy.

I agree to fill out incident reports when necessary (fights, injuries, abuse, etc).

I understand the importance of consistency and commit to _____ days and _____ hours in the following volunteer role/position _____. I will notify CCCO staff in advance when I am unable to fulfill this commitment.

Signature

Date

CHILD ABUSE REPORTING AKNOWLEDGEMENT & AGREEMENT:

I, _____, do hereby acknowledge that I have been informed by Central City Community Outreach staff of the provisions of the California Penal Code concerning the reporting of child abuse. Specifically, I acknowledge that I have read and understand the following statement: “Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protection agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.”

I agree to contact a Central City staff member as soon as I have reason (whether small or large) to believe that a child has been a victim of abuse. I also agree to fill out an incident report and hand it to the Program Director or Teacher prior to leaving program that day. I understand that I may be asked to aid in the telephone report (which includes the name of the child, their present location, the nature and extent of the injury, and any other information including information that led to suspicions of child abuse.)

[] I have read and understand the requirements of the Child Abuse Reporting Statute of the California Penal Code as set forth above, and agree to abide by these requirements.

Signature

Date