

# Council for Children's Rights

601 East Fifth Street, Suite 510  
Charlotte, North Carolina 28202  
(p) 704-372-7961 (f) 704-372-5941

# VOLUNTEER APPLICATION

Office Use Only  
Date rec'd: \_\_\_\_\_  
Date Entered: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Why are you interested in volunteering for Council for Children's Rights?

## EDUCATION

Highest Grade Completed:

\_\_\_\_ High school \_\_\_\_ Some college \_\_\_\_ Undergraduate Degree \_\_\_\_ Graduate

Degree and subject \_\_\_\_\_

Certifications, licenses, workshops, professional memberships, or other special training:

Foreign Languages spoken: \_\_\_\_\_

Circle one: Basic / Intermediate / Fluent

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING! WE WILL CONTACT YOU SHORTLY.**

## PROFESSIONAL EXPERIENCE

Current or most recent employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates Worked \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact your employer listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any experience or education related to children

## SECURITY

Have any disciplinary actions been taken against you by your employers or other volunteer program supervisor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

Have you ever been charged or convicted of a criminal offense other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

Do you agree to submit to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

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# SKILLS AND VOLUNTEER INTEREST

Please review the skills listed below and the volunteer opportunities listed. Choose the areas in which you are interested and indicate your skill level where requested.

Skill level description: **Novice:** I have minimal experience, but want to participate.  
**Capable:** I need specific instruction.  
**Expert:** I only require slight supervision.  
**Leader:** I need no supervision and am willing to teach and supervise others.

## SKILLS:

	N	C	E	L
Administrative Tasks				
Budgeting				
Cold Calls				
Computer/Data Entry				
Editing				
Event Planning				
Interviewing				
Mailings				
Media Relations				
Newsletter Writing				
Photography				
Research				
Strategic Planning				

	N	C	E	L
Volunteer Coordination				
Volunteer Recognition				
Volunteer Training				
Web Design				
Web Site (general)				
Web Updates				
Writing/articles				
Writing/grants				
Writing/interviews				
Writing/publications				
Writing/scripts				
Writing/thank you				
Writing/web site				

**Other:**

**Council for Children’s Rights Volunteer Opportunities (check all that apply):**

<input type="checkbox"/>	Custody Advocacy Program (CAP) Volunteer
<input type="checkbox"/>	Communication and Marketing Committee
<input type="checkbox"/>	Fund Development Committee
<input type="checkbox"/>	Policy Committee
<input type="checkbox"/>	Research Committee
<input type="checkbox"/>	Administrative Tasks
<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Third Party Fundraisers
<input type="checkbox"/>	Individual Advocacy Team (IAT) Volunteer
<input type="checkbox"/>	Children’s Defense Team (CDT) Volunteer

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What days/times are you available to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Any comments about your schedule?

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

### CERTIFICATION

I hereby certify that all statements on this form and any attachments are true, complete, and correct to the best of my knowledge. I understand that intentionally misstating, misrepresenting, or omitting information will lead to the rejection of my application or immediate dismissal from the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In addition, by signing this application, I understand that Council for Children's Rights strongly believes in protecting the privacy of its donors and the confidentiality of information concerning them. Donor records, both hard copy and electronic, and other donor information are highly confidential and protected by our volunteer policy. Furthermore, the use of information for political, personal or commercial purposes is strictly prohibited. Any individual, institution, or agency deemed to have violated these policies, or deemed to have jeopardized the confidentiality or privacy of any individual or organization affiliated with Council for Children's Rights by the inappropriate use of information provided in accordance with these policies will not be permitted access to information in the future.

The Council for Children's Rights fully supports the Donor Bill of Rights, which was created by the American Association of Fund Raising Counsel (AAFRC), Association for Healthcare Philanthropy (AHP), the Association of Fundraising Professionals (AFP), and the Council for Advancement and Support of Education (CASE).

Please keep a photocopy of the completed materials for your files.  
Mail or fax volunteer information, volunteer agreement form, and recommendation form to:

Council for Children's Rights  
Attn: Volunteer Coordinator  
601 E. 5<sup>th</sup> Street, Suite 510  
Charlotte, NC 28202  
(704) 372-7961 ph.  
(704) 372-5941 fax

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