

Potential Volunteer Application

Contact Information

Name (first, middle, last)	
Home Street Address	
Home City / ST / ZIP	
Preferred Phone	___ home ___ cell ___ work
Preferred E-Mail Address	___ personal ___ work

How did you learn of potentially volunteering with Pat's Place, and/or who referred you to Pat's Place for volunteering? _____

Availability

During which hours are you available for volunteer assignments? (Please check availability.)
(Administrative volunteer times are currently 2-4 hour time blocks on weekdays, 8am-5pm.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT.	SUN.
MORNING							
AFTERNOON							
EVENING							

Interests

In which areas you are interested in volunteering?

- ___ Administration (greeting, phones, data entry, etc.) ___ Translation
 ___ Special Projects (IT, research) ___ Child interaction (waiting area, groups)
 ___ Building / Grounds (beautification, repair) ___ Internship (MSW, marketing)
 ___ Fundraising / Events (BBQ & Blue Jeans, board of directors, committees, grant writing)
 ___ Marketing / Graphic Arts / Community Outreach (Publisher, agency fairs, presentations, advocacy)
 ___ other, please specify: _____

Language fluencies: _____

Please summarize why you would like to volunteer at Pat's Place and what you would like to gain from this experience:



Volunteer Applicant's Name: _____

Experience and Additional Information

Are you currently employed? ___ Yes ___ No

Place of employment (if applicable): _____

Are you currently certified in CPR? ___ Yes ___ No

Please list special/computer skills, employment experience, or volunteer experience you have relative to your volunteer interest(s). If you have prior volunteer experience, please list the organization(s):

Are you interested in volunteering for class credit? Yes / No

If yes, please list the class name and instructor: _____

Emergency Contact

Name / Relationship to you	
Home Street Address	
Home City / ST / ZIP	
Preferred Phone	
Preferred E-Mail Address	

Agreement and Signature

By submitting this application, I affirm the facts set forth in it are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (please print)	
Signature	
Today's Date	
Birth Date*	

**Potential volunteers under the age of 18 must be accompanied by an adult.*

Our Policy: *It is the policy of this organization to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual orientation, age, or ability status.*

***Thank you for completing this application
and for your interest in volunteering with Pat's Place Child Advocacy Center.***

**Please return completed application pages to
Pat's Place, 901 East Blvd., Charlotte, NC 28203; 704.335.2768 (fax) page 2 of 2**