

# C.A.R.E. Volunteer Application

Center for Abuse & Rape Emergencies

P.O. Box 510234 • Punta Gorda, FL 33951 • (941) 639-5499

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NAME DATE OF BIRTH

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ADDRESS

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CITY STATE ZIP CODE

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PHONE #1 PHONE #2

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EMAIL ADDRESS

Currently employed?:  No  Yes If yes, where? \_\_\_\_\_

Special training or skills that will help you in this work?

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Are you fluent in any languages other than English?  No  Yes If yes, what? \_\_\_\_\_

Do you know sign language?  No  Yes

Tell us about your previous volunteer experiences:

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What kinds of C.A.R.E. volunteer experiences interest you (if known)?

Hotline/Shelter  Outreach/Tabling  Hospital Response Team  Court Advocate  
 Group Facilitation  Office work  Other \_\_\_\_\_

**Have you ever been convicted of a felony? A conviction does not necessarily disqualify you from participation with C.A.R.E.**  Yes  No

**If yes, please explain** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been the subject of a substantiated child abuse or neglect report? May not necessarily disqualify you from participation with C.A.R.E.**  Yes  No

**Do you agree to a national criminal background check?**  Yes  No

**We are a drug-free environment. Do you have any objections to mandatory testing?**  
 Yes  No

**Do you have any medical problems that we should be aware of?**  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about C.A.R.E.?** \_\_\_\_\_

**Why do you want to volunteer with C.A.R.E.? How do you hope to benefit from participating in this program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you, a friend, or anyone in your family been a victim of a crime? Please describe the situation. Were you/they able to use the services of a victim services agency/victim advocate? What was your/their experience with this assistance?**

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\_\_\_\_\_  
\_\_\_\_\_  
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**What else would you like us to know about you?**

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**List three (3) references, including their name and daytime phone number, that can attest to your character**

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**Due to the subject matter, attendance at all training sessions is required to be fully qualified to provide direct services to victims. Emergency situations will be addressed individually with the Volunteer Coordinator.**

**I affirm the above information is complete and accurate. I give permission to C.A.R.E. to verify this information and check the references listed. I have reviewed the volunteer job description provided, and I believe that I can fulfill the expected responsibilities upon successful completion of the C.A.R.E. advocate training program.**

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**Signature**

**Date**