

# 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?:  Yes  No If yes, where? \_\_\_\_\_

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

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## Languages

Are you fluent in any languages other than English?  Yes  No

If yes, which? \_\_\_\_\_

Do you know sign language?  Yes  No

## Previous Volunteer Experience

Tell us about your previous volunteer experiences:

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## Areas of Volunteer Interest

If known, check all that apply:

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

## Background Information

Have you ever been convicted of a felony? (A conviction does not necessarily disqualify you)

- Yes  No

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

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Have you ever been the subject of a substantiated child abuse or neglect report?

(Does not necessarily disqualify you)  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

## Medical Information

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

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## General Questions

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?

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**Have you, a friend, or anyone in your family been a victim of a crime?**

Please describe the situation. Were services from a victim services agency or advocate used? What was the experience like?

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

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**References**

**Please list three (3) references who can attest to your character**

**Reference #1**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reference #3**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Volunteer Availability & Commitment Form

Check all that apply.

DAY	MORNING (12AM - 8AM)	AFTERNOON (8AM - 4PM)	EVENING (4PM - 12AM)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Date Restrictions or Conflicts

Please list any dates you are unavailable (vacations, holidays, etc.).

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### Special Notes or Preferences

Do you have any preferred tasks or limitations (physical, transportation, etc.)?

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

### Acknowledgment

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

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Signature

Date