

**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: \_\_\_\_\_

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**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?

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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-5<sup>th</sup> grade volunteers)
- 3:30-7pm (6<sup>th</sup>-12<sup>th</sup> 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