



# Prevent Child Abuse Virginia

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Month and Date of Birth \_\_\_\_\_

Preferred method of contact (home phone, cell phone, work phone, e-mail)? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### I. EMPLOYMENT

Current Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

### II. SKILLS & INTERESTS

Education Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computer Skills (list software packages, typing skills, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience (include name of agency and length of service): \_\_\_\_\_

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What type of volunteer work are you interested in? (Check all that apply.)

- Training Institute Host or Hostess
- Working directly with a staff person as an assistant
- Helping with general administrative duties (making copies, typing etc.)
- Assisting with fundraising projects
- Assisting with conference planning
- Distributing child abuse prevention & parenting information at public events
- Receptionist/Greeter
- Legislative Advocacy
- Doing public speaking (If checked, do you have child abuse prevention knowledge? . If yes, please explain.) \_\_\_\_\_

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- 1-800-CHILDREN Information and Support Line Responder (education/experience in social work, education, counseling and/or child development required)
- Other \_\_\_\_\_

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**III. PERSONAL INFORMATION**

Have you ever been charged with a criminal offense? If yes, please explain. \_\_\_\_\_

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Do you have any major physical disability or illness that may affect your choice of volunteer work? If yes, please explain. \_\_\_\_\_

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How did you hear about Prevent Child Abuse Virginia? \_\_\_\_\_

**IV. AVAILABILITY (Check all that apply)**

<input type="checkbox"/> Flexible	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
<input type="checkbox"/> Monday	from _____		to _____
<input type="checkbox"/> Tuesday	from _____		to _____
<input type="checkbox"/> Wednesday	from _____		to _____
<input type="checkbox"/> Thursday	from _____		to _____
<input type="checkbox"/> Friday	from _____		to _____

**V. REFERENCES**

List two individuals (other than family members) who can provide information regarding your skills and abilities.

A. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

**Please return to:**

**Mailing Address:** Prevent Child Abuse Virginia  
2211 Dickens Road, Suite 204  
Richmond, VA 23230

**E-mail:** [aperry@pcav.org](mailto:aperry@pcav.org)

**Fax:** (804) 359-5065