



The Wade Knox Children's Advocacy Center, Inc.

Volunteer Application & Agreement

As a Volunteer with the Wade Knox Children's Advocacy Center, Inc. (CAC), I understand I will be volunteering, either directly or indirectly, with children and families who have experienced a very traumatic and life changing experience. I understand that the compliance with all of the requirements below is mandatory to volunteerism with the CAC for everyone's safety.

1. The **references** I listed may be contacted by telephone or email.
2. I understand that the CAC has my permission to use my **name and photographs** of me to promote the organization.
3. I will inform the CAC Staff or the Volunteer Supervisor of any **previous injuries** that may affect my ability to safely complete volunteer tasks, including lifting.
4. I understand that I must carry my own **health insurance**. I will not hold the CAC responsible for any unforeseen injuries or problems that may occur while volunteering.
5. I understand that I may not initiate or engage in any **media/public event** pertaining to children or families without the approval of the Director of the CAC. Requests for media engagements will be referred directly to the Director of the CAC.
6. I understand that I have the right to **submit a grievance** to the Director of the CAC should I not be satisfied with the response to the needs of, the interaction with, guidance of, care for the children or families in the scope of the CAC mission.
7. I understand that the CAC is an organization that serves children and families whose child or children have alleged abuse. For the protection of the child or children and family, I will **contact and work with the Director** before continuing to visit them beyond work with the CAC.
8. I will not abuse, **neglect, exploit, coerce, manipulate, retaliate against or deny services** or any other basic necessities to the child or children and their family.
9. I understand that I am **expected to report** any incident, action or circumstance which I may become aware of that presents a threat, endangerment, or poses a current or future impact on the child or family to the Director. I understand that it is especially important to inform the Director in the case of a **medical emergency**, in the case of a pertinent medical update or in the case of a client's harmful threat to self or others.
10. I understand that I may not be alone in the company of minor children without the presence of a legal guardian or expressed consent of the CAC.
11. I understand that I may receive **personal information** regarding the child or children and family on an as needed basis. I understand that **all** information is confidential, especially addresses and contact information, and that it is not to be disclosed to any outside parties

in verbal form, nor in any electronic communication such as mail, website accessible by public, etc.

12. Many clients **choose not to have their photos taken** for personal and/or security reasons. I understand that I may not photograph or arrange for a photograph of child or family without first receiving approval from the CAC Director to ensure that the CAC has obtained expressed consent on a CAC consent form.
13. I understand that all children and families are to be treated with dignity, respect and consideration and are not to be **discriminated against** based on race, national origin, gender, sexual orientation, age, disability or marital status.
14. I understand that the terms listed above are **not all-inclusive** and may be updated, as needed.

By signing this application, I agree to all terms and conditions listed in the above agreement as I participate in the CAC volunteer activities.

Name: _____
(FIRST) (MIDDLE) (LAST)

Address: _____
(ADDRESS) (CITY) (STATE) (ZIP-CODE)

Phone Number: _____ Email: _____

Employer: _____

Employer Address: _____
(ADDRESS) (CITY) (STATE) (ZIP-CODE)

Employer Phone Number: _____ Supervisor's Name: _____

Are You Over the Age of 18? ____ YES ____ NO

Education Level: ____ Middle School ____ Jr. High School ____ High School
____ College ____ Graduate School

School's Name: _____

School's Address: _____

Are You Bilingual: ____ YES ____ NO

If YES, Enter Language(s) Spoken: _____

How did you hear about us? _____

Briefly explain why you are interested: _____

Areas of interest in volunteering for the Center: _____

What is your availability to Volunteer for the Center? _____

Please provide three references. These references may not be relatives.

Reference Name: _____

Title: _____ **Organization Name:** _____

Relationship to you: _____ **Phone Number:** _____

Time Known: _____

Reference Name: _____

Title: _____ **Organization Name:** _____

Relationship to you: _____ **Phone Number:** _____

Time Known: _____

Reference Name: _____

Title: _____ **Organization Name:** _____

Relationship to you: _____ **Phone Number:** _____

Time Known: _____

I understand that by signing this volunteer application I am agreeing to all terms and conditions listed in the above agreement and that the information that I have provided is true and correct to the best of my knowledge.

Signature

Today's Date



The Wade Knox Children's Advocacy Center, Inc.

Volunteer Time Sheet

Name: _____ Phone: _____

Address: _____ Cell: _____

City, State & Zip: _____ Year: _____

Date	Job Description	Hours

Volunteer Signature

Date