



Garfield County CARE Campus Volunteer Application

The Garfield County CARE Campus was established in cooperation with Enid Police Department, Department of Human Services, Garfield County Health Department, District Attorney and other human service providers to help children who come here for investigation of allegations of abuse. The CARE Campus is a safe non-threatening center where child victims of abuse/neglect can be interviewed. The answers you provide us on these forms will help us find the correct job placement for you. All information will be kept confidential.

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE(S) _____

RACE _____ SEX _____

DATE OF BIRTH _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

EDUCATIONAL BACKGROUND (optional): _____

HOW DID YOU HEAR ABOUT THE CARE CAMPUS? _____

HAVE YOU EVER BEEN ARRESTED FOR A CRIME? YES NO

IF YES, WHAT CHARGE? _____

DATE OF ARREST/DISPOSITION: _____ WHERE? _____

WHAT HAS PROMPTED YOUR INTEREST IN VOLUNTEERING? _____

CHARACTER REFERENCES *Please DO NOT list relatives as references* (References will be contacted):

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

VOLUNTEER PREFERENCES (Please check any that apply):

_____ Working with child/family (Victim Advocate)

_____ Office help (general office duties, typing, copying, etc.)

_____ Community Awareness (speakers for civic organizations)

_____ Special Projects (fund-raising, snacks, newsletter, annual child abuse seminar)

SPECIAL SKILLS AND INTERESTS: Please list any special skills, hobbies, or interest you may have that might be helpful in your volunteer work. If you speak a second language or know sign language please specify and indicate whether you would be willing to help as an interpreter.

COMMUNITY VOLUNTEER EXPERIENCE: Please list any previous volunteer experience particularly in working with children or families.

# of Years	Agency/Organization	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional notes or comments:

AFFIRMATION AND RELEASE

I hereby affirm that all of the answers provided on my volunteer application are true.

I understand that as a volunteer, I will assist the children and their families to the best of my ability in accordance with the training I receive and the policies of the agencies involved and will maintain complete confidentiality concerning all information about these cases.

I understand further that the GCCAC does not accept as volunteers or staff members, persons that have been arrested for, convicted of, have prior charges, or have charges pending for a felony or misdemeanor involving a sexual offense, a violent act, child abuse or neglect, or related acts that would pose a risk to children or to the GCCAC's credibility.

I certify that the information in this application is true and complete. I authorize my employer, former employers, references and other persons or entities identified in this application to release any and all information about me to GCCAC. I further authorize GCCAC to investigate the information in this application. I release GCCAC and all employers, references, investigators and other persons and entities from liability for any damage that may result from furnishing information about me or from my rejection for employment. I understand and agree that any false or misleading information or any omission of information in this application will subject me to discharge from my volunteer position.

Signature: _____

Date: _____

NOTE: Copies of the following documents must be included in volunteer personnel file:

- Application
- Confidential Information Release/Declaratory Statement for Employee/Volunteer Screening
- OSBI Information
- Sex and Violent Offender Registry
- American Checked Information
- Completed Reference Forms

Please email completed form to advocacycouncil@thecarecampus.com