



# Restoring Childhood



## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NOTE: THIS IS THE PRIMARY FORM OF COMMUNICATION WE WILL USE TO CONTACT YOU UNLESS SPECIFIED OTHERWISE.

**SELECT ALL AREAS OF INTEREST:** (For more information and job descriptions, please visit [www.DenverCAC.org](http://www.DenverCAC.org).)

### VOLUNTEER OPPORTUNITIES-

- DCAC Ambassador (may involve face-to-face contact with the public regarding our programs)
- Maintenance Handyman
- Office Assistance & Hospitality

### SERVICE LEARNING & INTERNSHIPS- (For all internships, please include CV or resumé)

- Volunteering for Class Credit (Requires \$36 charge for background check if less than 40 hours)
- Victim Advocate (Both volunteer & intern positions available; must be 21 or older)
- Assessment & Treatment Clinical Intern (Must be at least masters level)
- Outreach & Enrollment Intern (Must be at least masters level)
- Development Intern

**SELECT TIMES OF DAY YOU ARE AVAILABLE TO VOLUNTEER:** (Mark all that apply)

- |                                    |                                   |                                     |
|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons |

Special Events (may involve weekends)

### LANGUAGES YOU SPEAK FLUENTLY:

- English       Spanish       Sign       Other \_\_\_\_\_

**DO YOU HAVE ACCESS TO AN AUTOMOBILE YOU CAN USE FOR VOLUNTEER WORK?**

- Yes       No       Occasionally

**VOLUNTEER EXPERIENCE:**

ORGANIZATION	RESPONSIBILITIES	DATES OF SERVICE

**ACADEMIC HISTORY:**

NAME OF SCHOOL	FIELD OF STUDY	DATES OF ATTENDANCE

**BRIEFLY TELL US WHY YOU WANT TO BECOME A VOLUNTEER FOR DCAC?**

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**PLEASE LIST ANY OTHER RELEVANT EXPERIENCE THAT YOU WOULD LIKE TO SHARE.**

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**PLEASE LIST TWO REFERENCES (NON-FAMILY MEMBERS) WE CAN CONTACT FOR VERIFICATION:**

NAME	PHONE	E-MAIL

I understand that the Denver Children’s Advocacy Center will contact my references to obtain information regarding my suitability to work with children and families. All of the information on this application is accurate to the best of my knowledge. I agree to take any required orientation or training necessary for the volunteer position that I have indicated on this application. I understand that criminal history records information and Colorado Department of Protective and Regulatory Services Central Registry Check will be completed. I further understand that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal from volunteer placement at DCAC. I agree to inform DCAC if this information changes any time during my participation at the Center.

FORMS GRANTING PERMISSION FOR BACKGROUND CHECKS WILL BE PROVIDED SEPARATELY.

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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info@denvercac.org  
www.denvercac.org

For Office Use Only-	
Received:	_____
Ref Check:	_____
Replied:	_____