

ST. CLAIR COUNTY CHILD ABUSE/NEGLECT COUNCIL

VOLUNTEER APPLICATION

NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____
TELEPHONE _____ E-MAIL _____

Level of education: High School Four-Year College Post Graduate School

Volunteer work preferred: Office Fundraising Public Relations

Days/Time available: Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

References: Personal or Professional

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____

Please state your particular reason for volunteering for our cause, and your unique qualifications for so doing:

Have you ever been convicted of a crime? Yes No

Explain _____

I have provided this information honestly and accurately. Should I accept volunteer assignments with the St. Clair County Child Abuse/Neglect, I will represent the agency's mission to the best of my ability.

Volunteer Signature

Date