

Council on Child Abuse of Southern Ohio, Inc. Volunteer Application

Please note that required information is denoted with an asterisk. (*)

Name:*	Phone:*	Work:*
Address:*		
City:*	State:*	Zip:*
Social Security #:	Date of Birth:	
Employment*		
Employer:	Position:	
Supervisor:	Phone:	
Education*		
School: (highest level)	Year Graduated:	
Degree/Major:		
Previous Volunteer or Related Experience (Dates & Duties)		
Why do you want to Volunteer for the Council on Child Abuse?		
How did you hear about us?		
Please mark those activities which interest you the most:		
<input type="checkbox"/> PACI Hospital Volunteer ("Protect & Comfort Infants")	<input type="checkbox"/> Special Events/Fundraising	

Office Projects

I would be available:

Weekdays
(Morning/Afternoon)

Weekdays (Evenings)

Weekends (Morning/Afternoon)

Weekends (Evenings)

Occasionally as needed

Have you ever been convicted of a crime or felony? Yes / No If yes, please explain:

Please note in compliance with Ohio Law, all volunteers may be asked to be fingerprinted.

References:*

Name:

City:

Phone:

Name:

City:

Phone:

Name:

City:

Phone:

Address:

State:

Relationship to you:

Address:

State:

Relationship to you:

Address:

State:

Relationship to you:

Zip:

Zip:

Zip:

**Please return this completed Application to the Council office at:
4155 Crossgate Square
Cincinnati, OH 45236
Someone will be in touch with you to discuss your interest in volunteering.**

Thank You!

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE."

SIGNATURE:

DATE: