

CHILD ADVOCACY CENTER

The Skalny Building • One Mount Hope Avenue, Rochester, NY 14620 • (585) 935-7800 • Fax (585) 232-1391 • www.BivonaCAC.org

VOLUNTEER APPLICATION

Bivona Child Advocacy Center is an equal opportunity employer and supports workforce diversity. We do not discriminate against any employee, applicant for employment or volunteer because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status. Please return the completed forms to volunteer@bivonacac.org or mail them to:

Bivona Child Advocacy Center Attention: Carrie Dengler The Skalny Building One Mount Hope Avenue Rochester, New York 14620

PLEASE COMPLETE THE FOLLOWING:

NAME:	LAST	FIRST	MIDDLE	DATE:
HOME A	DDRESS			ZIP CODE:
CITY / ST				DATE OF BIRTH (Month/Date/Year):
EMAIL:				DRIVER'S LICENSE NUMBER/STATE:
PHONE:	HOME	CELL	OTHER	DO YOU HAVE RELIABLE TRANSPORTATION?
DAYS AND TIMES AVAILABLE TO VOLUNTEER:			HAVE YOU EVER APPLIED TO BE A VOLUNTEER	
				IN THE PAST?

WHOM SHOULD WE CONTACT IN AN EMERGENCY?

NAME:	PHONE (Day)	PHONE (Night)
RELATIONSHIP:	()	()

REFERENCES:

References should not be related to you.

NAME	ADDRESS	PHONE	NATURE OF ASSOCIATION
1.		()	
2.		()	
3.		()	

EDUCATION COMPLETED:

NAME OF HIGH SCHOOL, COLLEGE OR UNIVERSITY ATTENDED	LOCATION (CITY,STATE)	MAJOR	DATE ATTENDED From To	DEGREE/CERTIFICATE EARNED

LIST VOLUNTEER OR PAID JOBS HELD IN THE PAST 5 YEARS, BEGINNING WITH MOST RECENT: Attach additional sheets if necessary.

EMPLOYER AND ADDRESS: POSITION HELD: DUTIES AND RESPONSIBILITIES:	NAME OF SUPERVIS TITLE: PHONE #: ()	OR: REASON FOR LEAVIN	DATES EMPLOYED (Month/Year): From: To: FULL-TIME PART-TIME VOLUNTEER
EMPLOYER AND ADDRESS: POSITION HELD: DUTIES:	NAME OF SUPERVIS TITLE: PHONE #: ()	OR: REASON FOR LEAVIN	DATES EMPLOYED (Month/Year): From: To: FULL-TIME PART-TIME VOLUNTEER
EMPLOYER AND ADDRESS: POSITION HELD: DUTIES:	NAME OF SUPERVIS	SOR: REASON FOR LEAVIN	DATES EMPLOYED (Month/Year): From: To: FULL-TIME PART-TIME VOLUNTEER

IF YOU ARE A STUDENT, PLEASE ANSWER THE FOLLOWING QUESTIONS:

SCHOOL:	ADVISOR NAME / DEPARTMENT:		
YEARS COMPLETED:	MAJOR/MINOR:		
WHEN WILL YOU GRADUATE?	CAREER GOALS?		
SCHEDULE:			

WHICH AREA(S) ARE YOU INTERESTED IN VOLUNTEERING?

□ RECEPTION / WAITING AREA

□ DATA ENTRY

□ SPECIAL EVENTS

□ BOARD / COMMITTEE MEMBER

MARKETING, GRAPHIC DESIGN, COMMUNICATIONS

SPECIAL EVENTS

BIVONA YOUNG PROFESSIONAL

□ STUDENT INTERN

PROJECTED LENGTH OF COMMITMENT

6 MONTHS 1 YEAR OTHER:

WHAT SKILLS AND RELATED EXPERIENCE DO YOU HAVE THAT WILL ASSIST YOU IN VOLUNTEERING AT BIVONA?

HOW DID YOU LEARN ABOUT BIVONA CHILD ADVOCACY CENTER?

□ VOLUNTEER/INTERN FAIR □ PERSONAL REFERRAL □ SCHOOL □ INTERNET: _____ □ OTHER: _____

WHAT ARE YOUR HOBBIES AND INTERESTS?

WHAT IS YOUR FAMILIARITY AND COMFORT LEVEL WITH CHILD ABUSE ISSUES?

WHY DO YOU WISH TO VOLUNTEER FOR BIVONA?

WHAT ARE YOUR STRENGTHS?

CONDITIONS OF AGREEMENT

- Volunteers / Interns are not considered employees of Bivona.
- Volunteer / Intern arrangement does not provide compensation or employee benefits of any kind.
- Volunteers / Interns are not entitled to employment at Bivona at conclusion of arrangement.
- Bivona is not liable for an injury sustained or health conditions that may arise for the Volunteer / Intern during the course of this arrangement.
- Volunteer / Intern will adhere to the Bivona policies and procedures, as applicable, as set forth in the Volunteer Handbook including the Social Media and Whistleblower Policies, Conflict of Interest and Confidentiality sections and Dress Code.

This document does not serve as an employment contract but rather, specifies the goals, intent, and details of the arrangement between the potential Volunteer / Intern and Bivona.

Volunteer / Intern Signature

Date

Carrie Dengler Client Services Manager Bivona Child Advocacy Center Date