

1920 Second Loop Rd

Florence, SC 29501



Phone: (843) 629-0236

Fax: (843) 673-9223

Volunteer Application

Name: _____ Date: _____ DOB: _____ Gender: M F

Address: _____ City: _____ St: _____ Zip: _____

Phone number: _____ Emergency Contact: _____ Phone: _____

Email: _____

Are you a student? Y/N

Have you ever received services from the CARE House? Y/N

Thank you for your interest in volunteering at the CARE House. We would like to know what motivates you and what volunteer opportunities you are most interested in. Please fill out the survey below, this will help ensure your volunteer experience is valuable.

How did you find out about the CARE House?

What type of volunteer opportunities do you prefer:

Administrative/Front Desk (answering phone, filing, scanning, calling clients, data entry)

Forensic Interview Assistant Volunteer

CARE House events/Fundraising/Grant writing

Outreach/Community education

Victim Advocate (After hours on call, assisting victim advocates)
(training provided)

Communication (brochures, website)

Other (helping as needed)

Previous/Past volunteer and work experiences (please provide any experience working with children or maltreatment of children).

Skills and interest:

What motivates you, how can the CARE house provide a valuable volunteer experience:

What times are you available?

Week Days: _____ After school/work: _____ Events: _____ Weekends: _____

Have you ever been charged or convicted of a felony, any violent crime, or any crime involving children?

Yes ___ No ___ If yes, please explain.

Authorization and Agreement by Applicant

I certify that all answers provided on this application, are true and complete to the best of my knowledge. If this application leads to a volunteer experience, I understand that false or misleading information could result in termination.

Disclaimer/Signature: _____ Date: _____

Staff Only:

Date received: _____

Background Check Cleared: