



ANTELOPE VALLEY CHILD ABUSE PREVENTION COUNCIL  
 501-C3 Tax Exempt Organization, Tax ID 95-4673511  
 P.O. Box 82, Lancaster, CA 93584  
 (661) 940-9530 www.yes2kids.net

## AVCAPC VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please complete dates available for volunteer work:  
 (Please specify morning, afternoon, or evening)

Mon. Tue. Wed. Thurs. Fri. Sat. Sun.


### Job History for the past 3 years. Start with Present Job

Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ May we contact? Yes No

Length of Employment. From \_\_\_\_\_ To \_\_\_\_\_

Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ May we contact? Yes No

Length of Employment. From \_\_\_\_\_ To \_\_\_\_\_

### Volunteer Experience

Organization #1: \_\_\_\_\_ Length of Volunteering: From \_\_\_\_\_ To \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Duties or Projects: \_\_\_\_\_

Organization #2: \_\_\_\_\_ Length of Volunteering: From \_\_\_\_\_ To \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Duties or Projects: \_\_\_\_\_

## References

List 3 personal references (not relatives):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a brief explanation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why you would like to volunteer for AVCAPC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL SKILLS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

