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**MARSHFIELD CHILD ADVOCACY CENTER VOLUNTEER APPLICATION**


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Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name	Address	Phone	Relationship

**Volunteer Opportunities**  
 (Check area(s) of interest)

Child Care       Administrative  
 Special Projects       Volunteer Recruitment  
 Social Media       Prevention Campaigns  
 No Preference       Other: \_\_\_\_\_

Please list your top 3 volunteer positions:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Availability**  
 Please indicate the days/times you will be available Monday-Friday between 8am-5pm. (Note: We prefer volunteers to serve for two hour blocks, at least once per week)

Mon.	Tues.	Wed.	Thurs.	Fri.

When are you available to start? \_\_\_\_\_

**References: (Employment, volunteer, and/or academic)**

Name	Address	Phone	Relationship

**Education History:**

Name of School	Degree/Certificate	Total Years Completed	Major/Type of Course(s) Name of Degree/Certificate
High School	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> In Progress Level: _____		
City, State, Zip Code			
Higher Education Institution	<input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other <input type="checkbox"/> In Progress Level: _____		
City, State, Zip Code			
Other	<input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other <input type="checkbox"/> In Progress Level: _____		
City, State, Zip Code			

**Employment/Volunteer History:**

Name of Employer/Organization	Dates Employed/Served	Duties Performed	Supervisor's Name & Phone Number
Name		<input type="checkbox"/> Volunteer <input type="checkbox"/> Employment	Name
City, State, Zip Code			Phone Number
Name		<input type="checkbox"/> Volunteer <input type="checkbox"/> Employment	Name
City, State, Zip Code			Phone Number



Marshfield Child Advocacy Center

How did you hear about this volunteer opportunity? \_\_\_\_\_

Describe any special skills, training, hobbies, or interests: \_\_\_\_\_

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

**\*\*Please Note: Because of the obligation to protect client privacy and confidentiality, MCAC does not use volunteers to provide medical/behavioral/educational/therapy services to victims or families seen by our Center.**

By signing below, you agree that you will: (1) adhere to all Marshfield Clinic Policies and Procedures, including but not limited to the Marshfield Clinic governing confidentiality, infection control, and safety if Marshfield selects you as a volunteer; (2) adhere to the attached Letter of Agreement if Marshfield Clinic selects you as a volunteer; (3) grant Marshfield Clinic Child Advocacy Center permission to contact the above references and any other person or organization having any information related in any way to your fitness to be a Marshfield Clinic volunteer; and (4) release from any and all liability and agree not to bring any claim or suit against, Marshfield Clinic, its officers, directors, shareholders, affiliates, employees, insurers, agents, successors, and assigns, for collecting or disclosing the above-mentioned information or for any consequence related to such a collection or disclosure.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_