



733 East Airport Avenue
Suite 101
Baton Rouge, LA 70806
phone 225.925.9520
fax 225.926.1319

VOLUNTEER APPLICATION

Name _____ Date _____

Birthday (Day/Month) _____ E-mail _____

Mailing Address _____

Daytime Phone _____ Evening Phone _____ Fax _____

Occupation _____

Place of Employment _____

Are you a parent? If yes, what are the ages of your children?

Days and times you are available:

Please list any professional affiliations, community activities, or volunteer experiences.

Education: (School attended, degrees or certificates earned)

Volunteer interest and opportunities:

KIDLINE	_____	Parenting workshops	_____
Publicity	_____	Office Work	_____
Nurturing the Families of Louisiana	_____	Internet Safety	_____
Mandatory Reporter Trainings	_____	Fundraising	_____
Community Activities	_____	Other	_____
Public Education	_____		

How did you learn about the volunteer opportunities at Prevent Child Abuse Louisiana?

Briefly explain why you want to volunteer for PCA Louisiana:

What is the expected duration of your commitment to PCA Louisiana?

Why did you choose this particular interest or opportunity?

Do you have any special skills or experiences which have prepared you for this interest or opportunity?

What are your feelings about abused children?

What are your feelings about abusive parents?

What can you offer as a volunteer?

What do you hope to gain from your volunteer experience?

Have you ever had a personal experience with child abuse? If so, briefly explain:

Please list two references (do not include relatives). Please be sure that at least one is a job-related reference.

Name	Address	Phone	Place of Employment
1.			
2.			

Please include any other information that you think is important. Thank you!