Volunteer Application

VOLUNTEER I	NFORM <i>i</i>	ATION									
Last Name				First				M.I.		Date	
Street Address								Dat	e of Birth		
City				State				ZIP			
Phone				E-mail	Address						
Dates Available											
Have you ever worked for the CAPC?	YES 🗌		NO		If so, whe	en?					
Have you ever been convicted of a felony?	YES 🗌		NO		If yes, ex	plain					
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The CAPC may require you to complete a criminal background check through the Department of Justice, the FBI, and the Child Abuse Index. Further, all volunteers are required to sign a confidentiality statement before being accepted as a volunteer. If your volunteering includes direct contact with children, you will need to submit a clear TB screening.