



# Volunteer Application Form

Please send your completed application to: [acook@pcadvocacy.org](mailto:acook@pcadvocacy.org)

Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Address: \_\_\_\_\_  
[Street] [City] [State] [Zip]

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_

How did you learn about Pickens County Advocacy Center? \_\_\_\_\_

Have you ever been convicted under your own or another name other than a traffic violation? Yes / No **If yes, please state:**

Crime: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_ Disposition of case: \_\_\_\_\_

What special skills, abilities, experiences or training can you bring to PCAC? \_\_\_\_\_

Have you done any volunteer work before? Yes / No

If yes, please clarify below

Agency: \_\_\_\_\_

Role: \_\_\_\_\_

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

Currently volunteering? Yes / No

Agency: \_\_\_\_\_

Role: \_\_\_\_\_

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

Currently volunteering? Yes / No

Briefly describe why you are interested in volunteering with PCAC, your expectations, and what you hope to gain from your experience:

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



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During which hours are you available for volunteer assignments?

Weekday mornings       Weekday afternoons       Weekday evenings  
 Weekend mornings       Weekend afternoons       Weekend evenings

Tell us in which areas you are interested in volunteering?

Administration     Events     On-Call duties     Fundraising  
 Volunteer Coordination     Advertising/Media

Please list at least 2 non-relative personal or professional references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I will authorize PCAC to complete a SLED background investigation before I begin any volunteer duties with the Pickens County Advocacy Center and sign a confidentiality agreement to protect the organization and clients of PCAC.

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Name (printed)

Signature

Date



SEXUAL VIOLENCE PREVENTION AND SUPPORT SERVICES

## Confidentiality Agreement

Respecting the privacy of our clients, donors, members, staff, and volunteers and of the Pickens County Advocacy Center (PCAC) is a basic value of the Agency.

Personal information is confidential and should not be disclosed or discussed with anyone without the permission or authorization of the Executive Director. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion or confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

All information concerning our clients, former clients, our staff, volunteers, and financial data, and business records of Pickens County Advocacy Center is confidential. "Confidential" means that you are free to talk about PCAC and about your program and position, but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. **No information may be released without appropriate authorization.**

Employees, volunteers, and board members of the Pickens County Advocacy Center may be exposed to printed materials which is confidential and/or privileged and proprietary in nature. It is the policy of the Pickens County Advocacy Center that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

I have read the Pickens County Advocacy Center's policy on confidentiality. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or intentional) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with the Pickens County Advocacy Center.

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Printed Name

Signature

Date

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Printed Name (PCAC witness)

Signature

Date



**PICKENS COUNTY  
ADVOCACY CENTER**

SEXUAL VIOLENCE PREVENTION AND SUPPORT SERVICES

**Pickens County Advocacy Center  
SLED Background Check Authorization Form**

**Full Name:** \_\_\_\_\_  
Last First Middle (Maiden Name)

**Date of Birth:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

By signing below, I authorize the Pickens County Advocacy Center to complete a SLED background verification. My signature also indicates that I have provided accurate and truthful information for this background verification. I understand that a SLED background check must be completed for me to work or volunteer at the Pickens County Advocacy Center.

\_\_\_\_\_  
Printed Name (applicant) Signature Date

\_\_\_\_\_  
Printed Name (PCAC witness) Signature Date



**PICKENS COUNTY  
ADVOCACY CENTER**

SEXUAL VIOLENCE PREVENTION AND SUPPORT SERVICES

I have read, understood, and will comply with the goals and the scope of the project for the following Victims of Crime Act (VOCA) grant:

1V20066 Sexual Assault Victim Services Program

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Staff/Volunteer Name	Signature	Date
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Project Director Name	Signature	Date
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***All volunteers that complete volunteer logs for the above grant, must read the grant application and then sign this form of acknowledgement***