

# Lily Pad Volunteer Application

Please TYPE or PRINT legibly and complete entire application.

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

Name: \_\_\_\_\_  
(Last) (First) (MI)

Home address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

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

(circle one) Full-time OR Part-time

Length of employment: \_\_\_\_\_

Work address: \_\_\_\_\_

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

Telephone numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Sex (circle one) Male OR Female

Ethnicity \_\_\_\_\_

**Emergency Contact Person:**

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

Phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

**Referred:** How did you hear about the Lily pad ? \_\_\_\_\_



**Education:** Please circle highest level completed:

Some High School / High School / Some College / College Graduate / Post-Graduate

Do you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_ Language(s): \_\_\_\_\_

Check any training or experience (salaried or volunteer) in any of the following categories:  
**(NOTE: None is required to be a Volunteer.)**

- Child care             Mental health             News/media
- Child development    Counseling/psychology    Writing/editing
- Child welfare         Medicine                 Public speaking
- Social work    Education                 Arts/graphics
- Personnel             Law                         Fund raising
- Criminology or law enforcement    Drug/alcohol treatment programs    Advertising/public relations

Please describe any above experiences that may be applicable to volunteering.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list volunteer service and length of service. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Position(s) of Interest:**

Rape Crisis/ Child Advocacy Center:

- Internship
- Office Volunteer/ Victim Advocate
- On-call Victim Advocate

Other Opportunities:

- Parent Access and Visitation Volunteer
- Court Appointed Special Advocate



**Please check available times:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have access to transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

**References** - Please list names and contact information of 4 people (2 professional – salaried or volunteer work – and 2 personal – *no family members, please*). If currently employed, please list supervisor first.

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_



Please briefly answer the following questions. (Two to four sentences each is sufficient.)

Why do you want to be a Lily Pad volunteer?

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One purpose of the Lily Pad SANE Center, Inc. is to provide compassionate post sexual assault care and sensitive forensic interviewing of clients in order to collect and preserve quality evidence for successful sexual assault/ child sexual abuse prosecution.

I do hereby understand that the records of The Lily Pad SANE Center , Inc. its programs and any personal communications received by me in the course of my work or contact with The Lily Pad and its programs are strictly confidential.

I understand that any program, client, or facility information must not be divulged now or ever to any person(s) who have not signed this statement of confidentiality and/ or without the expressed signed authorization of the person(s) to whom this information refers.

I understand that violation of this pledge could compromise clients, staff, volunteers, and the mission of the Lily Pad and will result in immediate and permanent dismissal from the Lily Pad or its programs.

I, \_\_\_\_\_ have been advised of the above confidentiality policy of The Lily Pad.  
(PRINT NAME)

It is my understanding that I am not in any way to discuss or divulge any confidential information, as defined herein, which I may come in contact with, either directly or indirectly, to any person other than those authorized by the Lily Pad.

Furthermore, it is my understanding that disclosure of any confidential information to any unauthorized person(s) may lead to criminal or civil sanctions against me by the individual client who is the subject of the information, and/ or by The Lily Pad.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE

