



St. Charles Outreach Coalition Against Human Trafficking (SCCAT)

Volunteer Application Form

Contact Information

Name: _____ Phone _____

Address: _____ City, State, ZIP _____

Date of Birth _____ Social Security Number: _____

Valid Driver's License: _____ Email _____

Volunteer Position Information

What position are you applying for? _____

What skills can you contribute to the organization? _____

What experience do you have in this area? _____

What days will you be available? Sun Mon Tue Wed Th Fri Sat

What time of day are you available? _____

Education/Work Experience

Highest Level of Education: _____

Current Employer: _____

Personal References: 1. _____

CONTACT INFORMATION 2. _____

Professional References: 1. _____

CONTACT 2. _____
PLEASE LIST NAME AND _____

Emergency Contact Information

Emergency Contact: _____

Relation to Contact:

Phone:

All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer with our organization.

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, describe the conviction below. Please include the date of the crime and city, county and state where the crime took place.

By signing below you agree that all information you have provided in this application are true to the best of your knowledge.

Signature

Date:

10/5/16