



Community Advocates for Family & Youth

Volunteer Information Sheet

SS# _____

Our Vision - To help victims become confident and empowered survivors who hold offenders accountable and to create a shared sense of responsibility and community awareness through continuous education and an advocacy-minded judicial system.

Our Mission - To educate, empower, and embrace victims as they speak truth on their journeys to justice.

We are delighted that you are interested in becoming a volunteer; please complete the following information sheet.

First Name: Last Name: MI:

Street Address:

City: State: Zip Code: Email ID:

Work Phone: Home Phone: Cell Phone:

Age & Gender: I am 18 years of age or older: Yes No Gender: Male Female DOB:

Current Occupation: Full-time Part-time Retired Student Other

Please attach or email a copy of your resume or list work or volunteer history on a separate sheet)

How did you hear about the volunteer program?

Availability

Are you able to make the required commitment to serve? Yes No Explain:

How many hours per month are you available to volunteer?

Will you be able to attend monthly meetings held Yes No

Are you fluent in any language other than English? (Please list)

Everyone We Touch is #STRONGERNOW!

P.O. Box 4419, Capitol Heights, MD 20791

301-390-4092 office - 24/7 Helpline 301-882-2002 301-249-1805 fax

www.cafy.org info@cafyonline.org



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Activities, Interest, and Skills

List your hobbies of special interests:

List any other community services organizations, social and clubs you have belonged to: (check in the box if presently active)

Name	Activities in Organization/Purpose	Active?

Briefly describe what led to your decision to apply to become a Victim Advocate Volunteer. How do you expect to benefit from this volunteer experience?

Please provide 3 non-related references – Personal/Profession (for ex: teacher, friend, co-worker, or employer)

Name: Relationship:

Work Phone: Home Phone: Cell Phone:

Street Address:

City: State: Zip Code:



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Name: Relationship:

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Is there anything else you would like to tell us about yourself?

I understand the sensitive nature of this work and therefore, I give my consent to the CAFY to conduct background checks and make reference inquiries to help determine my suitability as a Victim Advocate Volunteer.

Signature: Date: MM/DD/YY

Please return this information sheet to: **Community Advocates for Family & Youth (CAFY)**
 P. O. Box 4419
 Capitol Heights, MD 20791

Although applications are accepted continually, if you are interested in providing direct client services, CAFY conducts an annual training for their Victim Advocates in October - November. Submit your application early as acceptance begins in August.

PLEASE NOTE: Background checks are required for all volunteers with client contact

Crime - It's Real, It's Wrong. Speak Out for Yourself or Someone Else.
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