



# Volunteer Application Form

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

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     Community Outreach     On-Call Advocacy     Fundraising  
 Internship     Event Planning     Social Media

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

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

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 Catch background investigation, DSS Central Registry check, SC Public Sex Offender Registry check, and National Public Sex Offender Registry check 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.

Name (printed)

Signature

Date





## SLED Background Check Authorization Form

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

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

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

**Sex:** Female or Male

By signing below, I authorize the Pickens County Advocacy Center to complete a SLED background verification and SLED Sex offender Registry Check. My signature also indicates that I have provided accurate and truthful information for this background verification. I understand that a SLED background check and Sex Offender Registry 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



## DSS Central Registry Background Check Authorization Form

**Full Name:** \_\_\_\_\_  
Last First Middle

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

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

**Email Address:** \_\_\_\_\_

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

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Printed Name (applicant) Signature Date

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Printed Name (PCAC witness) Signature Date

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### For PCAC Staff Only

Reference Number: \_\_\_\_\_



SEXUAL VIOLENCE PREVENTION AND SUPPORT SERVICES

## VOCA Volunteer Objectives Agreement

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 (Printed)

Signature

Date

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Project Director Name (Printed)

Signature

Date

*All volunteers that complete volunteer logs for the above grant must read the grant application and then sign this form of acknowledgement*