

c a n

child abuse network

Stop the hurt. Begin the healing.

VOLUNTEER APPLICATION

Full Name		Date of Birth	
List any names you have used in the past (maiden, married, etc.)			
Daytime Number		Evening Number	Cell Phone Number
Current Address		City, State	Zip Code
Email		Occupation	
Employer		Emergency Contact	
Educational Background			
List any other hobbies, interests, certifications, degrees or professional skills:			
Foreign Language(s) Spoken:			
Briefly describe why you would like to become a volunteer for CAN:			
Do you have any physical limitations that may preclude you from performing any work for which you may be considered?			Yes No
<i>If yes, please explain:</i>			
All volunteers for the Child Abuse Network will have a thorough background check. Is there anything in your history that we need to be aware of?			Yes No
<i>If yes, please explain:</i>			

Thank you for your interest in volunteering for the Child Abuse Network. If you have questions, please call Dawn Barrick at (918) 624-0204 or email dbarrick@childabusenetwork.org.

Completed applications may be e-mailed or mailed:

Child Abuse Network, Attn: Dawn Barrick, 2829 S. Sheridan, Tulsa, Oklahoma 74129