Children's Home Society of WV WE CAN Program

P.O. Box 2942 1422 Kanawha Blvd. East Charleston, WV 25330

Phone: 304.346.0795 Fax: 304.346.1062 Email: wecan@childhswv.org

WE CAN Volunteer Application

All information provided is strictly confidential and will be used for purposes of assisting in making placement decisions.

Name:		County:						
Address:								
		Zip:						
Telephone: (Home)		_(Work)						
Cell Phone:	(E-mail)							
Social Security Number:								
How long have you lived it	➤ How long have you lived in this area?							
> Previous Residence:	➤ Previous Residence:							
> Describe your family (incl	Describe your family (including birthdays and gender of children)							
	<u></u>							
> Your education (highest co	➤ Your education (highest completed):							
	If you have education beyond high school, describe major areas, special trainings, degrees, interests, etc.							
> Do you drive?	Do you have a car a	available to you?						
Do you have current liability	> Do you have current liability insurance?							
Have you had any driving	➤ Have you had any driving citations in the last 3 years?							
➤ How did you learn about V	➤ How did you learn about WE CAN?							

>	Describe your current involvement in community activities, clubs, church, etc.		
×	Present Employer:		
	Address:		
	Telephone Number:		
×	Prior Employer:		
	Address:		
×	Have you ever worked in a volunteer capacity before?		
If yes, please describe involvement and reason for leaving:			
A	Why would you like to participate in WE CAN?		
	2		
×	Approximately how much time can you volunteer per week?		
×	When are you available?		
	Daytime Evenings Weekdays Weekends		
×	How do you enjoy spending your free time?		
×	What talents or abilities do you have that would be of value to WE CAN?		
>	Are you expecting any major changes in your job, family status, residence, or available time? If so, please explain.		
>	Have you ever been convicted of a crime?		
4	Would you agree to a criminal history background check?		

> F	lave you ever been investigated by Child Protective Services?						
> \	Would you agree to a Child Protective Services background check?						
	List three personal or professional (non-family) references. Information must be complete for application to be processed – including street number and zip code.						
	1.	Name:					
		Address:					
		City:	State:	Zip:			
		Phone:					
		Relationship/How long known: _					
	2.	Name:		-			
		Address:					
		City:	State:	Zip:			
		Phone:					
		Relationship/How long known: _					
	3.	Name:					
		Address:					
		City:	State:	Zip:			
		Phone:					
Relationship/How long known:							
responsi outlined	bilitie in the nmitm	hat I will receive specific training to e s. I agree to attend the training sessi volunteer descriptions. If unforeseen ent, I will provide the WE CAN Progr	ons and commit the ne n circumstances prohib	cessary time as bit me from fulfilling my			
Signatu	re: _		Date:				
Optional	:	Birthday: Marita	ıl Status:	PC/KK 08/2004			

Service Locations:

Charleston:

1145 Greenbrier St. Charleston, WV 25311 304.345.3894

Huntington:

2586 Grant Gardens Rd. Ona, WV 25545 304.743.2344

Lewisburg:

9579 Seneca Trail South Fairlea, WV 24901 304.647.3430

Logan:

195 Dingess St. Logan, WV 25601 304.792.7095 ext. 401

Martinsburg:

445 Winchester Ave. Martinsburg, WV 25401 304.264.0225

Morgantown:

129 Greenbag Rd. Morgantown, WV 26501 304.284.0992

Parkersburg:

1739 St. Mary's Ave., P.O. Box 763 Parkersburg, WV 26102 304.485.0650

Princeton:

200 Davis St. Princeton, WV 24740 304.425.8738