

# C A P

## Child Assault Prevention Program

### SAFE STRONG FREE

Needham Task Force

### Application for Volunteer Prevention Specialist

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_

Email: \_\_\_\_\_

City/ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_

Work Phone: \_\_\_\_\_

1. How did you hear about the Child Assault Prevention Program (friend, newspaper, flyer, etc.)?
2. Why are you interested in becoming a Prevention Specialist?
3. Prior experience is helpful for some roles, but not necessary for all. Help us best use and enhance your skills by completing the following:

Briefly summarize your experience with children.

List any experience you have had as a teacher, leader or presenter to child and/or adult audiences.

List any prior training or experiences related to prevention education, child abuse/assault that you feel may be relevant to this experience.

**Needham CAP is a program of Needham Community Council**  
in affiliation with

**The Exchange Club of Needham**

Needham Community Council (NCC) 51 Lincoln Street, Needham, MA 02492

(781) 444-2415 ext. 18 FAX (781) 453-8806

[www.needhamcommunitycouncil.org](http://www.needhamcommunitycouncil.org)

[cap@needhamcommunitycouncil.org](mailto:cap@needhamcommunitycouncil.org)

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4. Is there anything in your experience that would make this a difficult issue for you to deal with as a workshop leader?

Please note, that it is common with a project like this for people with a history of abuse to feel compelled to help. This can enhance or undermine one's effectiveness in talking about this difficult issue, depending upon the opportunities one has had to work through the impact of these experiences on his or her adult life.

We are not asking you to discuss the details of your history. We want you to consider whether some roles might be more difficult for you than others and to help us realistically assess where your best contribution can be made.

5. Are you willing and able to make a one academic year commitment (from September to June) to the Child Assault Prevention Program?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Besides English, are you fluent in any other language? [Are you bilingual?]

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what language(s) do you speak? \_\_\_\_\_

7. Will locating child care be a problem for you [while attending training sessions and/or presenting workshops]?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Please check the days and times you are available to make presentations in the schools? Please note, workshops begin after 9am and no later than 12:30pm (12:30-2pm) and are 90 minutes long.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

9. Please list the names, addresses and phone numbers of two persons unrelated to you whom you wish to use as references?

Name	Relationship	Address	Phone number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

FOR OFFICE USE ONLY:

Date application received:	Interviewed by:	Date:
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