



Clear Creek County Advocates

Application for Volunteer Advocates

Name _____

Mailing Address _____ City _____ Zip _____

Street Address (if different) _____

Telephone No. _____ Birthdate _____ SSN _____

Driver's License No. _____ State Issued _____ Expiration Date _____

Any other name(s) which your records may be under (e.g. maiden name) _____

How did you hear about CCCA? _____

Please list any previous experience you have had which may be related to being an advocate:

Please list the names, addresses, and phone numbers of three references that you have known at least three years:

1. _____
2. _____
3. _____

I affirm that the information that I have provided is accurate to the best of my knowledge. I also give my permission for the Clear Creek County Advocates to perform a complete background check.

Signed: _____ Date: _____

Do not write below dotted line

Interviewed by: _____ Date: _____

References Checked by: _____ Date: _____

Record Checked by: _____ Date: _____

Training Completed: _____ Date: _____

If not accepted, Why? _____