

VOICES FOR CHILDREN • Volunteer Application Form

Name _____ Soc. Security No. _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

STATISTICS: D.O.B. _____ Sex _____ Marital Status _____

E-Mail Address _____

EDUCATION: High School Graduate? YES NO Highest Degree Obtained _____

Other _____

OCCUPATION: _____

Place of Employment _____ Work Phone _____

Address _____

In Case Of Emergency, Contact:

Name: _____ Phone No. _____

Relationship _____

Work History (including volunteerism)

List Special Skills And/Or Knowledge:

A. _____ D. _____

B. _____ E. _____

C. _____ F. _____

How Did You Become Aware of Voices for Children?

EXPERIENCE: Briefly Describe Your Past or Present Personal or Professional Experience With Any of The Following Agencies:

Department of Social Services: _____

Juvenile Court System: _____

Legal Aid: _____

Other Child Welfare Agencies: _____

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Please Discuss Why You Wish to Become a Volunteer Advocate:

TRAINING: Our Advocates Are Required to Attend a 30 Hour Pre-Service Training and Periodic In-Service Training. Are You Available to Attend? _____

Days: _____ Times: Day or Evening _____

Volunteer Advocates Will Be Expected To Attend Court Hearings and Other Important Day Meetings. Will Your Schedule Permit This? YES NO

Do You Have a Police Record? YES NO

If Yes, Date and Type of Offense: _____

Has There Ever Been An Allegation of Child Abuse And/Or Neglect Made Against You? YES NO

What Was The Outcome of This Investigation? _____

REFERENCES: Please List Three Personal References (Please do not include relatives): At least One Reference Must Be Someone Other Than a Friend or Co-Worker, ie. Minister, Employer.

A) Name _____ Relationship _____

Address _____

Zip: _____ Phone _____

A) Name _____ Relationship _____

Address _____

Zip: _____ Phone _____

A) Name _____ Relationship _____

Address _____

Zip: _____ Phone _____

Signature _____ Date _____

I Understand The Sensitive Nature of The Work of Voices for Children and, Therefore, Give My Consent For A Criminal, Agency and Motor Vehicle Record Check to Be Completed.

Please Complete This Form and Return To: Voices For Children • 5550 Sterrett Place, Suite 215 • Columbia, MD 21044-2626

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Part of your background investigation is through the Department of Motor Vehicles. Please answer the following questions whether or not you anticipate transporting a client. Be aware that the law requires the use of seat belts, and for children under 4, a car seat.

Applicant's Name (print) _____ State _____

Driver's License# _____ Expiration _____

Your Motor Insurance Company _____

Your Motor Vehicle Insurance Limits _____

Make and Year of Your Vehicle _____

General Condition of Vehicle _____

Do You Have Any Medical Problem(s) That Could Impair Your Ability to Drive? _____

If Yes, Describe _____

Have You Had any Driving Violations or Accidents in the Past Three Years? _____

If Yes, Please Furnish Date, Points Charged, Fines, Suspensions or or Revocation of Permit _____

Please Check the Appropriate Line and Sign:

I hereby state the above information is correct as of this date and will abide by the VFC guidelines for transporting VFC clients and children.

Signature _____ Date _____

I Do Not Own a Motor Vehicle.

I Have a Driver's License

Signature _____ Date _____

Directors Comments: _____

