



## YOUTH ACTIVITY PROGRAM VOLUNTEER APPLICATION

Please complete the following five (5) pages. Return the completed application **AND** signed release form to Jessica Galimore via email: [jgalimore@safeshores.org](mailto:jgalimore@safeshores.org), or via fax: (202) 638-2718.

**Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the confidentiality requirements of Safe Shores. No individual will be rejected because of race, color, religious creed, national origin, gender, sexual orientation, age, or marital status.**

### PERSONAL INFORMATION

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

Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Check one):  Male  Female  
(Must be over 18 years of age)

Name of contact to call in case of emergency: \_\_\_\_\_

Relationship of emergency contact to applicant: \_\_\_\_\_

Contact's Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you volunteering to participate in the Youth Activity Program?  Yes  No

If no, please specify: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer/University: \_\_\_\_\_ Position/Major: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Please check one:  Full-Time  Part-Time  Retired  Student  Other

Brief description of work/or major in University: \_\_\_\_\_

Are you volunteering on behalf of an organization?  Yes  No

If yes, name of organization: \_\_\_\_\_

**VOLUNTEER INFORMATION**

How did you learn of Safe Shores- The D.C. Children's Advocacy Center?

- Friend/Relative (please list): \_\_\_\_\_  Website: \_\_\_\_\_
- TV  Newspaper/Magazine  Religious Organization: \_\_\_\_\_
- Website: \_\_\_\_\_  University: \_\_\_\_\_
- Other (please list): \_\_\_\_\_

Please explain why you are interested in becoming a volunteer with the Safe Shores:

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Do you have any personal concerns about working in an agency that serves victims and families affected by child sexual or physical abuse or violent crime? If so, please explain.

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Please list any current or prior volunteer/community activity experiences (organization, position, and duration):

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Please list any areas of expertise or special skills you could bring as a volunteer to Safe Shores:

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Please list languages, other than English, in which you speak fluently.

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Please indicate the period of time you are able to commit to serving as a volunteer:

- One time/project     3-6 months/one semester     6-12 months     At least a year

Preferred start date of volunteering commitment (month/year): \_\_\_\_\_

Availability as a Safe Shores Volunteer: (Check all that apply):

- I would prefer to volunteer at a regularly scheduled time **each week.**                     Yes                     No  
I would prefer to volunteer at regularly scheduled times **each month.**                     Yes                     No  
I would prefer to be **on a call list** of volunteers to be contacted when                     Yes                     No  
help is needed for projects at Safe Shores.

Please complete the days and times you would be available:

MON                    TUES                    WED                    THURS                    FRI  
\_\_\_\_\_

What are the strengths you feel you will bring to this program?

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## BACKGROUND INFORMATION

Have you had a personal experience involving the following? If so, please explain:

Child Welfare: \_\_\_\_\_

Juvenile Court System: \_\_\_\_\_

Foster Care: \_\_\_\_\_

Other agencies offering services to a child: \_\_\_\_\_

If applicable, have your children ever utilized the services of Safe Shores? \_\_\_\_\_

Have you ever been convicted of a crime?                     Yes                     No

Have you ever been accused of a sexual related crime?                     Yes                     No

If YES, list convictions and dates:

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## REFERENCES

Please PRINT three (3) persons of reference who know you well (**non-family**), at least one of which is a person with whom you have worked in either a paid or unpaid capacity. If you are currently employed, either paid or unpaid, please include the name of your supervisor.

Name & Relationship/Title	Complete Address (Street, City, State & Zip)	E-Mail Address/Telephone
1.		
2.		
3.		

## BACKGROUND CHECK

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Safe Shores-The D.C. Children's Advocacy Center ("Safe Shores"), to investigate my background to determine my fitness as a potential volunteer. I understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that by my signature on this application I authorize Safe Shores--The D.C. Children's Advocacy Center to complete record checks through any law enforcement agency and the Children and Family Services Agency Central Registry Desk. All information will be held in strictest confidence.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Safe Shores volunteer. Further, I understand that completion of a screening interview with a staff member, successful completion of all background checks, and attendance at an orientation session is required prior to my start as a volunteer. I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a Safe Shores volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of Safe Shores, and its desire to provide quality services to abused and traumatized children, my services as a volunteer will be terminated.

I also understand that any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children to the credibility of Safe Shores' is not eligible to be a Safe Shores volunteer.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please also provide your social security number and date of birth below, which are required to process your background check as indicated above. Upon completion of the background check, the information below the dotted line will be separated from the application and destroyed, so as to protect the applicant's personal identification information.

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SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_