



Arizonaans for Children

1112 W. Camelback road • Phoenix, AZ 85013

Phone: 602-252-2270 Fax: 602-492-9729

Web: www.arizonansforchildren.org

Volunteer Application

Please indicate volunteer interest(s):

Tutor/Mentor
 Visitation Center
 Cooking
 Dance
 Craft
 Supervised Visit
 Other

PART I: Personal Information

Please print clearly:

Date				Social Security Number				Date of birth (MM/DD/YYYY)				Gender			
												<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race or Ethnicity															
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Non Resident Alien <input type="checkbox"/> Resident alien															
Full name: First Middle Name												Maiden Name			
Home address										Spouses Name					
City										State		Zip			
Home phone				Cell Phone				Work phone				Marital Status			
Email address								Driver's license number				State issued			
Have you ever been convicted of a crime?															
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain: _____)															
Do you have any health issues or physical conditions that should be noted?															
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain: _____)															
Do you have any mental health issues (current or past)?															
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain: _____)															
Do you have any substance-abuse issues (current or past)?															
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain: _____)															
Do you object to our agency running a background check on you?															
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain: _____)															
Education level:								Language(s) spoken:							

Please describe any previous volunteer experience:

What time(s) work best for your schedule?

After school
 After 5 p.m.
 Weekends
 During business hours

Emergency contact				Phone				Relationship			

Special training, skills, hobbies**How did you hear about Arizonans for Children?**

Friend/relative Newspaper AFC Web site Other Web site Other: _____

PART II: Employment History

Please provide employment information for the past five years, with most recent position first. If more space is needed, use an extra sheet of paper.

Would you like us to keep your employer abreast of your volunteer service and achievement?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer				
Address				
City			State	Zip
Phone		Your Position/Title		
Supervisor's Name		Supervisor's Position/Title		
Dates of Employment (MM/YYYY)	From	To		
Employer				
Address				
City			State	Zip
Phone		Your Position/Title		
Supervisor's Name		Supervisor's Position/Title		
Dates of Employment (MM/YYYY)	From	To		
Employer				
Address				
City			State	Zip
Phone		Your Position/Title		
Supervisor's Name		Supervisor's Position/Title		
Dates of Employment (MM/YYYY)	From	To		

PART III: Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include one relative. Any information Arizonans For Children (AFC) gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name				
Address				
City			State	Zip
Phone		Email		
Relationship		How long known		
Name				
Address				
City			State	Zip
Phone		Email		
Relationship		How long known		
Name				
Address				
City			State	Zip
Phone		Email		
Relationship		How long known		

PART IV: Program-Specific Information

Tutor/mentor volunteers:

Please list all members of your household (Tutor/mentor and Life Book volunteers only):			
Name	Gender	Age	Relationship

Please rate your comfort level in working with the following age groups (Tutor/mentor and Life Book volunteers only):			
1 = I prefer working with this age group 2 = I feel pretty comfortable working with this age group 3 = I feel uncomfortable with this age group			
K – 5 th grade		6 th – 8 th grade	
9 th – 12 th grade			
Tutor/mentors only: Please tell us about any additional background experience, skills, interests, that you have that might enhance your ability to work with a particular child, youth, or teen:			

Please read this carefully before signing:

Please initial each of the following:

_____ I agree to follow all AFC program guidelines and understand that any violation will result in suspension and/or termination.

_____ I understand that AFC is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form

I have read and understand the program's rules, regulations, and responsibilities for becoming a mentor. If selected, I will follow the policies and procedures of the program and be a dedicated, trustworthy mentor. I agree to the time commitment of 2-3 hours/week for one year.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature	Date
------------------	-------------

Thank you for your interest in volunteering with Arizonans for Children!





Arizonans for Children
 1112 W. Camelback road • Phoenix, AZ 85013
 Phone: 602-252-2270 Fax: 602-492-9729
 Web: www.arizonansforchildren.org

Information Release

Tutor/mentor volunteers only: Please mail or fax completed form to Arizonans for Children (AFC).

I, _____, understand it will be necessary for AFC to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize AFC to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in AFC programs. Further, I provide permission for AFC to conduct the same investigation of my background in previous states in which I have resided.

Further, if I am applying for a program involving a one-on-one match, I understand that information about myself will be anonymously (without my name) shared with a prospective foster youth and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a match is determined, my identity and any other information known about me may be shared with the youth and parent/guardian to ensure a safe and successful mentor relationship.

Signature _____
Date

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ State	_____ From (mm/year)	_____ To (mm/year)
_____ City	_____ State	_____ From (mm/year)	_____ To (mm/year)
_____ City	_____ State	_____ From (mm/year)	_____ To (mm/year)
_____ City	_____ State	_____ From (mm/year)	_____ To (mm/year)

**VOLUNTEER NOTICE FOR PROSPECTIVE MENTORS
PURSUANT TO THE PROTECT ACT**

To the volunteer applicant:

On April 30, 2003, the Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today Act of 2003 (PROTECT Act), Public Law 108-21, was signed into law. Section 108 of the PROTECT Act authorizes a fingerprint-based national criminal history background check to determine the fitness of a volunteer applying to an affiliate of MENTOR/National Mentoring Partnership, Boys & Girls Clubs of America, and the National Council of Youth Sports.

Pursuant to the PROTECT Act, the mentoring organization to which you have applied to serve as a volunteer may request an FBI fingerprint background check. This check will access criminal history record information held by the Federal Bureau of Investigation (FBI), and a determination will be rendered by the National Center for Missing and Exploited Children (NCMEC) as to your fitness to serve in that capacity. The determination rendered by NCMEC will be communicated to the mentoring organization through MENTOR. Prior to and after the completion of the background check, the mentoring organization may choose to deny you access to children participating in its program.

Consistent with the provisions of the PROTECT Act, NCMEC, Boys and Girls Clubs of America, MENTOR, and the National Council of Youth Sports, have established criteria that NCMEC will use in examining criminal histories and making fitness determinations. The four organizations have determined that six categories of "criterion offenses" will be examined:

- Any felony
- Any lesser crime in which sexual relations is an element (including pornography), including "victimless crimes"
- Any lesser crime involving cruelty to animals
- Any lesser crime involving controlled substances (including DUIs involving drugs)
- Any lesser crime involving force or threat of force against a person
- Any crime against a minor

The following three categories of fitness determinations will be assigned to volunteers to indicate the presence or absence of a criminal record for the criterion offenses. These fitness determinations will be communicated to the volunteer organization.

- **Meets the criteria:** The volunteer either has no criminal record in the FBI database, has a conviction for a crime other than a criterion offense, or was cleared of a criterion offense arrest.
- **May not meet the criteria:** Either the volunteer's criminal record is incomplete or may bear further examination. Specifically:
 - The volunteer was arrested for a criterion offense, but the criminal record does not contain the disposition of the arrest. Without the disposition, there is no way to know if the volunteer was convicted or cleared.
 - The volunteer was convicted of a criterion offense, but the conviction has been expunged or the individual has been pardoned.
 - The volunteer has been arrested and subsequently cleared of one or more crimes against a child.
- **Does not meet the criteria:** The volunteer has been convicted of a criterion offense.

Of course, the fitness determination is only one part of an organization's volunteer screening process, and the absence of a criminal record does not ensure that a volunteer will be considered acceptable by the organization.

Under the PROTECT Act, to obtain an FBI criminal background check, you must provide the organization with:

1. A set of fingerprints;
2. Your name, address, and date of birth [as appears on an official government ID, such as a driver's license or passport];
3. A photocopy of the document described in Paragraph 2; and
4. A statement of whether you have a criminal record and, if so, the particulars of such record.

Once the criminal background check is complete, you are entitled to obtain a copy of any criminal history record and challenge the accuracy and completeness of the criminal history record information. Such challenge should be made by using the appeal form available from the pertinent volunteer organization. If you so choose, you may also use the same form to request that your full criminal history be sent to the volunteer organization for further discussion of the particulars of your criminal record.

By signing this application, you authorize:

1. The mentoring organization to obtain a complete set of your fingerprints and descriptive data and transmit them to the FBI via MENTOR;
2. The FBI to perform a criminal background check and provide NCMEC with the results of the check; and
3. NCMEC to examine the criminal history, make a fitness determination, and transmit the fitness determination to the appropriate mentoring program.

By signing this application, you indicate your understanding that:

1. The mentoring organization ultimately bears full responsibility for the screening of mentors and the placement of mentors in the most suitable roles. Neither MENTOR nor NCMEC is in any way liable for any screening decisions that the mentoring organizations makes about my status based on information obtained in the SafetyNET pilot program.
2. Based on criminal history record information held by the FBI, a determination will be rendered exclusively by NCMEC as to my fitness to serve as a mentor. MENTOR acts only as a conduit for the fitness determination from NCMEC to the mentoring organization.

To be completed by the mentoring organization:

Volunteer ID: _____

ID examined (append copy): _____

Type of official government

**VOLUNTEER APPLICATION FOR PROSPECTIVE MENTORS
PURSUANT TO THE PROTECT ACT**

Name and address of organization: _____

Name: _____
First Middle Maiden Last

Other names by which known: _____

Date of Birth: _____

Address: _____
Street Apt.

_____ City State Zip Code

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record.

By signing this form, I acknowledge that I have been provided with a copy of this volunteer form and notice. My signature constitutes an acknowledgment that a Federal Bureau of Investigations criminal history background check will be conducted. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief. I swear or affirm that the fingerprints submitted in support of this application are mine. I understand that MENTOR is not liable for the mentoring organization's screening decision, nor for the fitness determination made by NCMEC.

Date: _____ Signature: _____