



- Core Advocacy
- Education Advocacy
- Uncertain (please call me)

ADVOCATE VOLUNTEER APPLICATION

Today's Date: _____ Training Class (see training schedule for course title): _____

First Name: _____ Last Name: _____ Birthdate: _____

Address: _____ Apt #: _____ SSN #: _____

City: _____ Zip: _____ Home phone: _____

E-Mail: _____ Work Phone: _____

Employer: _____ Title: _____ Mobile/other: _____

Employer Address: _____ Part-Time _____ Full Time _____

Car Insurance Carrier: _____ Driver's License #: _____

Where were you born? _____ How long lived in Bay Area? _____ U.S. Citizen? Yes ___ No ___

Marital Status: _____ Children (gender & ages) _____

Educational Background: _____ Ethnicity: _____

How did you become aware of this program? _____

Please write a brief statement on why you have chosen to volunteer with Child Advocates at this time in your life:

What do you feel are the strengths you bring to the program? _____

Describe any personal or employment constraints that may restrict your time availability: _____

Previous and/or current volunteer activities: _____

Hobbies/Special Interests: _____

Languages Spoken: _____ Can you sign for the Deaf? _____

Are you willing to attend court hearings? Yes _____ No _____ If no, please explain: _____

Have you had any personal experience involving: Child Welfare System ___ Juvenile Court System ___ Foster Care ___

If so, please explain: _____

Have you ever been arrested? Yes _____ No _____ If yes, please explain: _____

In case of emergency call: _____ Phone Number: _____

Do you have any questions/concerns about the Child Advocates Program? _____

I hereby affirm that the answers provided on my volunteer application are true. I understand that by submitting this application, I am authorizing inquiries to be made regarding my background to determine my suitability and fitness as a volunteer including a criminal history check. I understand that the agencies to be contacted may include employers, courts, police, social services and other persons or agencies with whom I have had contact. Further, I understand that after the successful completion of my training, I am expected to commit to at least 12 months as a volunteer with Child Advocates. I am aware of the sensitive and confidential nature of the official documents, court reports, and other materials that I will examine in my capacity as an Advocate.

Signature: _____

Date: _____

TRAINEE AGREEMENT

Name: _____

Child Advocates will not accept any applicant into its program that is found to have been convicted of, or has charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or Child Advocates credibility.

If an applicant is found to have committed a misdemeanor or felony that is unrelated to and/or would not pose a risk to children and would not negatively impact the credibility of the organization, Child Advocates will consider the extent of the rehabilitation since the misdemeanor or felony was committed, and any other factors that may influence the decision to accept the applicant as a volunteer.

Child Advocates reserves the right to not accept an applicant/trainee as a volunteer at any time during the application and/or training process. If Child Advocates chooses not to select an applicant/trainee, Child Advocates ensures that said applicant/trainee will be treated with dignity, respect, and if appropriate, referred to alternative volunteer opportunities.

No individual will be rejected because of culture, disability, ethnicity, gender, marital status, national origin, race or sexual orientation.

Signature: _____ Date: _____

By signing above, I acknowledge the terms and agreements included within the process of becoming a child Advocate.

**Application and Trainee Agreement can be faxed to (408) 416-0406,
delivered or mailed to 509 Valley Way, Milpitas, CA 95035**

