



## Volunteer Application

Please indicate volunteer interest(s):

Tutor/Mentor  Visitation Center  Life Book  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 |
| Full name: First Middle Name   |                         |                            | Maiden Name                   |                                 |
|  |                         |                            |                               |                                 |
| Home address   |                         | Spouses Name               |                               |                                 |
|  |                         |                            |                               |                                 |
| City   |                         | State                      | Zip                           |                                 |
|  |                         |                            |                               |                                 |
| Home phone   | Work phone              | cell phone                 |                               |                                 |
|  |                         |                            |                               |                                 |
| 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?  |                         |                            |                               |                                 |
| <input type="checkbox"/> After school <input type="checkbox"/> After 5 p.m. <input type="checkbox"/> Weekends <input type="checkbox"/> During business hours |                         |                            |                               |                                 |
| Emergency contact  |                         | Phone                      | Relationship                  |                                 |
|  |                         |                            |                               |                                 |

|   |
|---|
| <b>Special training, skills, hobbies</b>  |
|   |
| <b>How did you hear about Arizonans for Children?</b>   |
| <input type="checkbox"/> Friend/relative <input type="checkbox"/> Newspaper <input type="checkbox"/> AFC Web site <input type="checkbox"/> Other Web site <input type="checkbox"/> 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.

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

|                        |  |                       |              |            |
|------------------------|--|-----------------------|--------------|------------|
| <b>Relative's Name</b> |  |                       |              |            |
|                        |  |                       |              |            |
| <b>Address</b>         |  |                       |              |            |
|                        |  |                       |              |            |
| <b>City</b>            |  |                       | <b>State</b> | <b>Zip</b> |
|                        |  |                       |              |            |
| <b>Phone</b>           |  | <b>Email</b>          |              |            |
|                        |  |                       |              |            |
| <b>Relationship</b>    |  | <b>How long known</b> |              |            |
|                        |  |                       |              |            |
| <b>Name</b>            |  |                       |              |            |
|                        |  |                       |              |            |
| <b>Address</b>         |  |                       |              |            |
|                        |  |                       |              |            |
| <b>City</b>            |  |                       | <b>State</b> | <b>Zip</b> |
|                        |  |                       |              |            |
| <b>Phone</b>           |  | <b>Email</b>          |              |            |
|                        |  |                       |              |            |
| <b>Relationship</b>    |  | <b>How long known</b> |              |            |
|                        |  |                       |              |            |
| <b>Name</b>            |  |                       |              |            |
|                        |  |                       |              |            |
| <b>Address</b>         |  |                       |              |            |
|                        |  |                       |              |            |
| <b>City</b>            |  |                       | <b>State</b> | <b>Zip</b> |
|                        |  |                       |              |            |
| <b>Phone</b>           |  | <b>Email</b>          |              |            |
|                        |  |                       |              |            |
| <b>Relationship</b>    |  | <b>How long known</b> |              |            |
|                        |  |                       |              |            |

**PART IV: Program-Specific Information**

Tutor/mentor and Life Book 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 <sup>th</sup> grade   | 6 <sup>th</sup> – 8 <sup>th</sup> grade | 9 <sup>th</sup> – 12 <sup>th</sup> grade |
| <b>Tutor/mentors only:</b> 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: |   |  |
|   |   |  |
| <b>Life Book volunteers only:</b> Please describe any relevant family history research experience:  |   |  |
|   |   |  |

**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.

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

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



### Information Release

**Tutor/mentor and Life Book 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)

: