# ChildProof America

Safeguarding Families Against Sex Trafficking

# VOLUNTEER FAMILY GUIDE APPLICATION AND CONTRACT

| Name:  |      |        | Date:      |        | DOB: |
|--|------|--------|------------|--------|------|
| Current Address:                                 |      |        |            |        |      |
| Phone:   | Home | Mobile | Email:     |        |      |
| Current Employer:                                |      |        | _ Position | Held:  |      |
| Work Address:                                    |      |        |            | Phone: |      |
| Does your employer promote volunteer activities? |      |        | Yes        | No     |      |
| If yes, please explain:                          |      |        |            |        |      |

Indicate below if you are willing to approach your company about any of the following opportunities (choose all that apply):

|  | Volunteer Opportunities | Other in-kind goods/services | Corporate Sponsorship |
|--|-------------------------|------------------------------|-----------------------|
|--|-------------------------|------------------------------|-----------------------|

Race/Ethnicity (Select only one):

| Hispanic | or | Latino |
|----------|----|--------|
| inspaine | 01 | Latino |

Native American Indian or Alaska Native (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

African American or Black (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

White or Caucasian (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino) (All persons who identify with more than one of the above 5 races).

I do not wish to enter voluntary self-identification EEOC information.

| Catholic Jewish Methodist Christian Muslim Other:         High School Attended:         Year Graduated:         College Attended:         Highest Degree Attained:         Other Education or Special Training:         What other languages do you speak beside English?         1.       Read         Write       Fluent         2.       Read         3.       Read         Write       Fluent         Please list your prior volunteer experience:       Read         1.       Organization:         Date Started/Completed:       Date Started/Completed:         Activity:       Sorganization:         Date Started/Completed:       Date Started/Completed:         Activity:       Activity:         3.       Organization:         Date Started/Completed:       Activity:         Activity:       Activity: | Religio                                      | us Affiliat             | ion (Selec | t only one):   |              |        |              |          |  |
|--|--|-------------------------|------------|----------------|--------------|--------|--------------|----------|--|
| College Attended:Highest Degree Attained:<br>Other Education or Special Training:<br>What other languages do you speak beside English?<br>1 Read Write Fluent<br>2 Read Write Fluent<br>3 Read Write Fluent<br>3 Read Write Fluent<br>Please list your prior volunteer experience:<br>1. Organization: Read Write Fluent<br>Please list your prior volunteer experience:<br>2. Organization:<br>2. Organization:<br>Date Started/Completed:<br>Date Started/Completed:<br>Activity:<br>3. Organization:<br>Date Started/Completed:   | Cath   | nolic .                 | Jewish     | Methodist      | Christian    | Muslim | Other:       |          |  |
| College Attended: Highest Degree Attained:<br>Other Education or Special Training:<br>What other languages do you speak beside English?<br>1 Read Write Fluent<br>2 Read Write Fluent<br>3 Read Write Fluent<br>3 Read Write Fluent<br>Please list your prior volunteer experience:<br>1. Organization:<br>Date Started/Completed:<br>Activity:<br>2. Organization:<br>Date Started/Completed:<br>Activity:<br>3. Organization:<br>Date Started/Completed:<br>Activity:<br>3. Organization:<br>Date Started/Completed:   |  |                         |            |                |              |        |              |          |  |
| Other Education or Special Training:   | High Sc                                      | hool Atte               | ended:     |                |              |        | _ Year Gradu | uated:   |  |
| What other languages do you speak beside English?         1.   | College                                      | e Attende               | d:         |                |              | Highe  | st Degree At | ttained: |  |
| What other languages do you speak beside English?         1.   | Other E                                      | Education               | or Specia  | al Training:   |              |        |              |          |  |
| 1.   |  |                         |            | 0              |              |        |              |          |  |
| 1.   |  |                         |            |                | de Englieh 2 |        |              |          |  |
| 2.       Read       Write       Fluent         3.       Read       Write       Fluent         Please list your prior volunteer experience:       1.       Organization:  | what o                                       | other lang              | uages do   | you speak besi | de English?  |        |              |          |  |
| 3.   |  |                         |            |                |              |        |              |          |  |
| Please list your prior volunteer experience:  1. Organization: Date Started/Completed: Activity: 2. Organization: Date Started/Completed: Activity: 3. Organization: Date Started/Completed: Date Started/Completed:   |  |                         |            |                |              |        |              |          |  |
| 1. Organization:   Date Started/Completed:   Activity:   2. Organization:   Date Started/Completed:   Activity:   3. Organization: Date Started/Completed:   | 3.   |                         |            |                |              | Read   | Write        | Fluent   |  |
| Date Started/Completed:  | Please list your prior volunteer experience: |                         |            |                |              |        |              |          |  |
| Date Started/Completed:  | 1.   | Organiza                | ation:     |                |              |        |              |          |  |
| Activity:  |  |                         |            |                |              |        |              |          |  |
| <ol> <li>Organization:</li> <li>Date Started/Completed:</li> <li>Activity:</li> <li>Organization:</li> <li>Date Started/Completed:</li> </ol>  | Activity:                                    |                         |            |                |              |        |              |          |  |
| Date Started/Completed:Activity:3. Organization:Date Started/Completed:  | 2. Organization:                             |                         |            |                |              |        |              |          |  |
| Activity:3. Organization:<br>Date Started/Completed:   |  |                         |            |                |              |        |              |          |  |
| 3. Organization:<br>Date Started/Completed:  |  |                         |            |                |              |        |              |          |  |
| Date Started/Completed:  | 3.   | Organiza                | ation:     |                |              |        |              |          |  |
|  |  | Date Started/Completed: |            |                |              |        |              |          |  |
|  |  | Activity:               |            |                |              |        |              |          |  |

# Family Guides Introduction Phone Interview Time Preference

Please list three (3) available dates and times most convenient for you to speak with us about a Family Guides role. The purpose of this phone meeting is to get to know you and introduce the Family Guides Program. Please allow one hour for the call.

First Choice:

Second Choice:

Third Choice:

# Application Questions

Your responses to the following questions will help us determine if the Family Guides Program is right for you!

Why do you want to be a Family Guide?

Has your family or other relative been impacted by trafficking? If so, please explain.

What do you believe will be most challenging about serving as a Family Guide?

What do you hope to gain from becoming a Family Guide?

What time commitment can you make to your Family Guide role?

| Are you comfortable go phone introduction? | ing to the ł<br>Yes | nome of the fan<br>No | nily with | whom you    | u are matche   | d, after your initia | al |
|--|---------------------|-----------------------|-----------|-------------|----------------|----------------------|----|
| Does your family suppo                     | ort your role       | e as a Family (       | Guide?    | Yes         | No             |                      |    |
| Are you willing to attend<br>Guide? Yes No | -                   | oof America tra       | aining to | o prepare y | you for the ro | le of a Family       |    |
| Are you willing to sign a                  | a confident         | tiality agreeme       | nt?       | Yes         | No             |                      |    |
| Are you comfortable pra                    | aying with          | a family?             | Yes       | No          |                |                      |    |
| Are you willing to assist contact? Yes N   | in setting<br>No    | up a meal caler       | ndar (if  | needed) w   | ith the help o | of a family          |    |

Do you have any disabilities that may affect your involvement in the program? Yes No If so, please specify:

# **References**

Please list three (3) references that you have known for at least one (1) year. One of these references must be your current supervisor, if applicable. Family members cannot be used as references. Please give complete email addresses and phone numbers. References will be contacted by phone or email. The information furnished to us by your references will remain strictly confidential.

| Name:          |               | Relationship: |
|----------------|---------------|---------------|
| Years Known:   | Phone Number: |               |
| Email Address: |               |               |
| Name:          |               | Relationship: |
| Years Known:   | Phone Number: |               |
| Email Address: |               |               |
| Name:          |               | Relationship: |
| Years Known:   | Phone Number: |               |
| Email Address: |               |               |

### **Criminal Background Screening**

Childproof America serves families who are in a crisis situation. Therefore, Childproof America requires all volunteers to undergo a criminal background check using local and national databases.

Have you ever been convicted of a crime? Yes No If yes, please provide details (date, charge, and disposition).

### Family Guides CONTRACT

# By initially each item and signing below, I agree to the following:

I agree to participate in all required trainings, including periodic training meetings.

I agree to abide by all Childproof America rules and procedures, as stated in the Family Guides Handbook, provided by Childproof America.

\_I will complete my commitment to serve the family with whom I match. This may require up to one home visit each week and phone/text check-ins on a regular basis.

I consent to the use of my oral/written statements and the use of my photograph(s) by Childproof America for any non-commercial purpose associated with the program including, but not limited to, newsletters, news media coverage of Childproof America and its programs.

I agree to honor confidentiality requirements.

\_\_\_\_\_ I agree to complete and submit Monthly Activity Reports to Childproof America.

I agree to report urgent information to my Childproof America supervisor.

I consent to Childproof America verifying all information contained herein, and consent to a background check.

\*Applicants will be required to pay a \$12 fee to Protect My Ministry for the criminal background check. Results will be submitted to Childproof America. Volunteers may request a copy of the results through Childproof America.

I have read this application and agree to abide by the commitments made within. The information I have provided in this application is true to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_