



National Headquarters
991 W. Hedding St., Ste.101
San Jose, CA 95126
Telephone (408) 296-1113
Fax (408) 296-1117
www.vca.org

- Dedicated Service Since 1981 -

The Vanished Children's Alliance (VCA) was formed in 1980 to address the growing need for victims parents to obtain credible, effective, and compassionate assistance in the location, recovery and reunification of their missing and abducted child(ren). VCA is the oldest and most experienced missing children's organization in the United States. VCA is a national non-profit 501 (c)(3) corporation providing nationwide and overseas assistance to families in all categories of missing children: non-family (stranger and acquaintance) abductions, family abductions, runaways and otherwise missing or lost.

Headquartered in San Jose, California, the Vanished Children's Alliance has assisted the families of over 30,000 missing and abducted children. Of these, the majority have been found. In addition to providing critically needed direct services to victim families, VCA gives equal importance to child abduction prevention and community outreach programs. VCA has provided hundreds of training sessions, prevention education classes, and workshops to schools, hospitals, criminal justice professionals, and the general public on the local, national and international levels.

VCA has been recognized by the U.S. Department of Justice, the National Center for Missing and Exploited Children, the Association of Missing and Exploited Children's Organizations, the National and California State District Attorney's Association, the American Prosecutors Research Institute, the California Family Support Council, and the California Governor's Office for Criminal Justice Planning, to name a few. VCA is a two-time recipient of the California Governor's Victim Service Award by former Governors, Pete Wilson and Grey Davis. The Santa Clara County Board of Supervisors, Mayor Ron Gonzalez, and Congresswoman Zoe Lofgren have honored VCA as experts in the filed of missing, abducted, exploited children.

VCA AGENCY SERVICES

- * Internationally accessible, 24-hour toll-free sighting line.
- * Mobile technology that enables casework staff to provide comprehensive, on-site assistance in search/recovery efforts and poster dissemination.
- * Serve as liaison between searching parents/guardians of missing and abducted children and law enforcement agencies, both nationally and internationally.
- * Registration of missing and abducted children, including active case management.
- * Distribution of missing and abducted children photos, descriptive information, posters, and brochures nationwide and overseas by mass mailings, fax broadcast, Vending machine stickers and the VCA web site (www.vca.org)
- * Counseling and on-going emotional and technical support to victim families and children.
- * Network with other credible non-profit organizations, law enforcement, and social service agencies.
- * Maintain an updated international referral list of professionals who provide assistance to families of missing children.
- * Comprehensive family reunification program.
- * Provide local and national educational and technical training programs and materials to criminal justice agencies, schools, community organizations, and for public/community events nationwide.
- * Child fingerprinting and identification events and materials
- * Court qualified, expert testimony upon request.
- * Collaborate with the media to better educate the public internationally.
- * Speaker's bureau.
- * Spanish translation services- additional languages by special arrangement.

All services to victim families and their children are provided free of charge.
Donations are always appreciated.



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CASE CONSENT AND RELEASE AGREEMENT
(Parent/Guardian)

I/We, _____ whose relationship to the missing child(ren) is:
(check one) [] Parent(s) [] Guardian(s) authorize the Vanished Children's Alliance (VCA) and its
authorized agents, to assist in the search for my/our missing child(ren) who is/are under the age of
majority. The name(s) of the missing child(ren) is (are):

Consent is hereby granted to VCA to begin such search and to continue to its natural conclusion.
Consent is also granted to VCA to use photographs of my child(ren), along with details concerning
the disappearance and search for my child(ren). The Vanished Children's Alliance may use such
photos and information on local and national television, newspapers, flyers, posters, magazines,
fund development or any other distribution source.

Further, I/We consent to the search and confirmation by the above agency of any and all
information I/We have given, or will give, to assist in the search of my/our child(ren). I/We
understand and agree that VCA is under no obligation to continue assisting in this search and may
discontinue its efforts at any time if I/We have not given complete or accurate information or have
failed to divulge all information within my/our knowledge, or have failed to use my/our best efforts
or provided my/our complete cooperation in this search.

By signing this Agreement, I/We agree to release, indemnify and hold harmless VCA, its directors,
officers, employees, volunteers and authorized agents from any and all liability claims, and causes
of action which may result or arise from the release of details concerning the disappearance of my
child(ren). I/We understand that my/our child(ren)'s case file(s) at VCA which includes information
supplied by myself/ourselves, law enforcement, VCA, and other sources is/are the property of
VCA.

I/We understand that the registration of my/our child(ren) in no way guarantees the location of
my/our child(ren). I agree to contact the above agency in writing, within 10 days of the location of
my/our child(ren) and I/We will not hold Vanished Children's Alliance or its agents liable for the
dissemination of the photographs, or responsible for showing the photographs after I/We notify
Vanished Children's Alliance of the location/recovery in writing.

Print Name: _____ Signature: _____ Date: ___/___/___

Print Name: _____ Signature: _____ Date: ___/___/___



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MISSING CHILD EXPRESS REGISTRATION FORM

Relationship to Child: [] Parent [] Guardian [] Other : _____
Your Name _____ Referral Source: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Alternate Phone: () _____ Fax: () _____
Email Address: _____

MISSING CHILD'S INFORMATION

Child's Full Name: _____ Nickname: _____
Sex: [] Male [] Female Date of Birth: ___/___/___ SSN: ___-___-___
Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Distinguishing Characteristics:

[] Braces [] Contact Lenses [] Glasses [] Piercings [] Tattoos [] Scars [] Marks

Additional Description: _____

Missing Category (Check One)

[] Family (Parental) Abduction [] Non-Family Abduction [] Runaway [] Other: _____

Date child went missing: ___/___/___

Missing From - City: _____ State: _____ County: _____

Possible destinations:

City: _____ State: _____ County: _____

City: _____ State: _____ County: _____

Child was last seen wearing: _____

Describe how child disappeared and circumstances prior to disappearance: _____

Medical, mental conditions, disabilities or special medications: _____

Has the child ever been missing before? Yes No Explain: _____

Other children missing? Yes No Name(s): _____

LAW ENFORCEMENT INFORMATION

Was a "Missing Persons Report" filed with police? Yes No Date Reported: ___/___/___

Agency Name : _____ Case Number: _____

Investigator's Name: _____

Phone: () _____ Fax: () _____ Email: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Is the FBI involved? Yes No

FBI Agent's Name: _____ Field Office - City: _____ State _____

Phone: () _____ Fax: () _____ Email: _____

Is the child listed in NCIC? Yes No Unknown NCIC # _____

The undersigned hereby agrees to indemnify and hold harmless this organization, and its officers, agents, employees, and other missing children organizations with which this organization networks, for and against all claims, demands, actions, suits, damages, costs, and expenses, including legal costs and attorney fees arising out of or resulting from the use and dissemination of the information supplied, and the searches requested by the undersigned, whether brought by the missing person or others. The Vanished Children's Alliance reserves the right to refuse assistance to any person(s) requesting its services.

Printed Name: _____ Signature: _____ Date: ___/___/___

Printed Name: _____ Signature: _____ Date: ___/___/___

ABDUCTOR/COMPANION INFORMATION

Full Name: _____ AKA(s): _____

Relationship to child: _____ Relationship to reporting party: _____

Sex: Male Female Race: _____ Date of Birth: ___/___/___ SSN: ___-___-___

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Distinguishing Characteristics:

Braces Contact Lenses Glasses Piercings Tattoos Scars Marks

Additional Description: _____

Medical, mental conditions, disabilities or special medications: _____

Country of Citizenship: _____

Passport held?: Yes No Unknown Passport #: _____ Expires: ___/___/___

Drivers License/ID Card: # _____ Expires: ___/___/___ State: _____

Vehicle - Make: _____ Model: _____ Year: _____ Color: _____

License plate: # _____ State: _____

Are there warrants for his/her arrest? Yes No Unknown NCIC#: (W) _____

Type: Felony Misdemeanor Unknown

Charges: _____

Has a UFAP warrant been issued? Yes No Unknown NCIC#: (W) _____

Abductor was last seen - Date: ___/___/___ Location: _____

Last Known Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Email Address: _____

Profession/ Type of Work: _____

List other individuals or agencies searching for your child: _____

Other pertinent information: _____



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ADDITIONAL MISSING CHILD FORM

Child's Full Name: _____ Nickname: _____
Sex: [] Male [] Female Date of Birth: ___/___/___ SSN: ___-___-___
Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Distinguishing Characteristics:

[] Braces [] Contact Lenses [] Glasses [] Piercings [] Tattoos [] Scars [] Marks

Additional Description: _____

Missing Category (Check One)

[] Family (Parental) Abduction [] Non-Family Abduction [] Runaway [] Other: _____

Date Missing: ___/___/___ Date Reported: ___/___/___ Case Number: _____

NCIC # _____

Missing From - City: _____ State: _____ County: _____

Possible destinations:

City: _____ State: _____ County: _____

City: _____ State: _____ County: _____

Child was last seen wearing: _____

Describe how child disappeared and circumstances prior to disappearance: _____

Medical, mental conditions, disabilities or special medications: _____

Has the child ever been missing before? [] Yes [] No Explain: _____