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❧ Volunteer Application ❧

If you would like to volunteer with the Vanished Children's Alliance (VCA), the first step is to complete this application and fax or mail it to the above address. If you have any questions about volunteering with VCA, please do not hesitate to contact us. Thanks for your support!

Contact Information:

Name (First, MI, Last): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alt Phone: _____
Email: _____

Employment Information:

Current Employer: _____
Your Position: _____ Immediate Supervisor: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Length of employment: _____

Tell us a little about yourself:

How did you hear about VCA? _____
Language other than English (please specify): _____ Speak Read Write
Are you a parent? No Yes Have you ever had a missing child? No Yes
Have you ever been convicted of a crime? No Yes Please explain crime conviction and if misdemeanor or felony) _____
What is the highest education level you have completed? (If you are currently enrolled, please check the level at which you are enrolled): High School Undergraduate Degree Graduate Degree Doctorate Other
Received from which school? _____
Do you think you will be able to perform the essential functions of volunteer task(s) with or without reasonable accommodations? If you require reasonable accommodation(s), please specify: _____

Availability:

Days and Times you are available to volunteer: _____

Date that you are available to begin: _____

Are you looking for an *ongoing* (once a week/ once a month/ twice a month, etc.) volunteer opportunity, or a *short-term/one time/as needed* volunteer opportunity? Ongoing Short-term/one time/as needed

Please check this box if you are volunteering to complete class or school community service requirements:

* How many hours do you need to complete? _____ For which school or program? _____

Professional/Academic References (Please list three):

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How long has this person known you? _____ Relationship: _____

Email: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How long has this person known you? _____ Relationship: _____

Email: _____

3. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How long has this person known you? _____ Relationship: _____

Email: _____

Skills:

Please list your skills (i.e. word processing, typing, phone skills, fundraising), some of your personality traits (people-person, outgoing, good w/children, etc.) and previous experience:

Volunteer Opportunities

Please check the box next to the volunteer position(s) in which you are interested.

San Francisco Bay Area Opportunities:

- Staffing Booths:** Assist VCA staff during fingerprinting events. Distribute safety literature and fingerprint children. Days and times to be established in advance.
- Search Assistance:** Assist with the search for a missing child. Provide support to VCA's staff with emergency response procedures at our headquarters or the volunteer command post (with poster dissemination, answering telephones, faxing to media, participating in search team, etc).
- Fundraising:** Promote and organize fundraisers with the help of the VCA staff and volunteers.
- Volunteer Aid Coordinator:** Organize and keep in contact with volunteers for staffing booths, fundraising events, etc (*Minimum of 4 hours per week*).
- Newsletter:** Organize and assemble information to assist with the publication of the VCA newsletter under the direction of designated VCA staff and with the help of other volunteers. May also include sorting for mailing, printing labels, etc.
- Clerical:** Typing, filing, computer (entry level). This will be done in the VCA office under the direction of designated VCA staff.

National Opportunities:

- Poster Distribution:** Posting VCA Missing Children posters in shops, restaurants, arcades, theme parks, supermarkets, schools, libraries, etc. or include in newsletters, personal mailings, etc.
 - Safety Materials Dissemination:** Distribute Abduction-Prevention Safety materials to local schools and childcare providers.
 - Proposal/Grant Writing:** Research and write proposals for grants under the direction of VCA.
 - Resource Assistance:** Provide VCA with names, addresses, phone numbers, and brief descriptions of resources and services available in your community (i.e. shelters, crisis centers, therapists, etc).
 - Transportation/Lodging:** For out-of-town parents searching for missing children.
 - Research Services/Equipment:** Provide VCA with names, addresses, phone numbers, and brief descriptions of resources and services available to VCA (i.e. supplies, printers, equipment repair, etc).
 - Other** ways you can assist VCA (Please specify): _____
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Authorization to check criminal records:

* Note: The Vanished Children's Alliance is committed to ensuring that volunteers working with us are not a potential risk to the children we serve. Previous minor traffic violations and similar convictions will not disqualify you from volunteering with us, however convictions for crimes against children (as well as other serious crimes) may make you ineligible to serve with us. We encourage you to consider this when applying, as **THIS SECTION IS MANDATORY.**

I, _____ (name), authorize the Vanished Children's Alliance to receive information from any law-enforcement agency, including but not limited to police departments and sheriff's departments of this state or federal government to the extent permitted by state and federal law, pertaining to any convictions I may have for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

For this purpose, I am providing the following additional pieces of information:

- Other names used (maiden name, etc.): _____
- Driver's license State: _____ Number: _____
- Birthdate: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize the Vanished Children's Alliance, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, corporation, or other entity.

Signed: _____ Date: _____

Confidentiality Agreement:

*Note: Because of the legal and confidential nature of many aspects of volunteer work with the Vanished Children's Alliance, we ask our volunteers to agree not to share any private, confidential, or sensitive information that you may encounter during your activities with us. We appreciate your cooperation.

I, _____ (print name), understand that in the course of my activities with the Vanished Children's Alliance, I may have access to and may become acquainted with information of a confidential, proprietary, or secret nature which is or may be applicable or related to the present or future dealings of this organization, its research and development, or the business of its clients. Such secret information includes, but is not limited to processes, compilations of information, records, and information concerning clients and/or vendors.

I agree that I will not disclose any of the above-mentioned information directly or indirectly, or use information gained at the Vanished Children's Alliance in any way, either during the term of my volunteering, or afterward, except as required in the course of my involvement with the Vanished Children's Alliance.

Signed: _____ Date: _____

I hereby claim that the answers given are complete and true to the best of my knowledge. I understand that misrepresentation may be just cause for my dismissal.

Applicant's signature: _____ Date: _____

**Please notify VCA of any future changes of address or phone number. It is very important that our volunteer information is correct.*