





# **VOLUNTEER APPLICATION**

**Name:**

\_\_\_\_\_

Last First Middle

**Address:**

\_\_\_\_\_

Street: City State

\_\_\_\_\_

Zip Home Phone #: Cell Phone #:

Email Address: \_\_\_\_\_ Do you have a child in D2F? \_\_\_\_\_

What is the best way to contact you? (please circle) email cell text **T-shirt size:** \_\_\_\_\_

What is the best time to reach you? (please circle) morning afternoon evening (after 6 p.m.)

How did you hear about Demoiselle 2 Femme, NFP? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER (if currently not employed, list past employer)**

EMPLOYER: \_\_\_\_\_

TITLE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

May we contact you at work? YES or NO

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DATE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SKILLS & INTERESTS**

What specific interests, skills or areas of expertise would you bring to D2F?

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List any foreign languages written or spoken.

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Please identify the volunteer area(s) that you are interested in working.

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|--|--|
| <input type="checkbox"/> 1. After-School Programs  | <input type="checkbox"/> 6. Partnership Building/Coalitions                                      |
| <input type="checkbox"/> 2. Chaperone              | <input type="checkbox"/> 7. Research/Evaluation  |
| <input type="checkbox"/> 3. Tutor (subject _____)  | <input type="checkbox"/> 8. Special Events/Fundraising   |
| <input type="checkbox"/> 4. Administrative Support | <input type="checkbox"/> 9. Ministry Activities <small>(Lock-in, Friday Night Live, etc)</small> |
| <input type="checkbox"/> 5. HOPE Center for Girls  | <input type="checkbox"/> 10. D2F P.H.I.T.  |

Please describe briefly your interest and motivation in becoming a D2F volunteer.

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Describe any past volunteer experience.

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**AVAILABILITY**

This section will help determine the best days and times you would like to volunteer. Please write in the times you are available each day.

Day:	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Times Available:							

I am only available for requested assignments associated with my selected volunteer area(s).

**EMERGENCY CONTACT**

Please list two family members or friends who we can contact in case of an emergency:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_





# DEMOISELLE 2 FEMME, NFP

## SWORN POLICY STATEMENT

### **Drug and Alcohol Free Statement**

I understand and certify that as a condition of volunteering with Demoiselle 2 Femme, NFP, I am drug and alcohol free and will remain so for as long as I am a volunteer. I understand that the unlawful manufacture, distribution, possession, consumption, or use of illicit drugs or alcohol on D2F property or as part of its activities is prohibited; violation of this prohibition by volunteers will result in dismissal actions being taken. Furthermore, I understand that D2F must be notified of any criminal drug statute conviction no later than five days after such conviction.

\_\_\_\_\_ (Initial)

### **Mandated Reporter Status**

Pursuant to the Abused and Neglected Child Reporting Act (Ill Rev. Stat. 1985, ch23, paras, 2051 et seq) I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25-ABUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year. I further understand that if I willfully fail to report suspected child abuse or neglect I may be found guilty of a Class A misdemeanor. I affirm that I have read these statements and have knowledge and understanding of the reporting requirements that apply to me under the Abused and Neglected Child Reporting Act. As a D2F Volunteer I will complete the free online mandated reporter training and submit a copy of my completion form to D2F.

\_\_\_\_\_ (Initial)

### **Criminal Background Authorization**

I hereby authorize D2F to forward my name to law enforcement officials for the purpose of conducting a criminal background check and agree to execute any forms required by said officials for such purposes. I further certify that I have not been convicted of any offense in any state or against the laws of the United States, which if committed or attempted in the state would have been punished as one or more of the enumerated offenses. I also understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I further certify that I have not been convicted of the following crimes:

Indecent solicitation of a child  
Keeping a place of juvenile prostitution  
Patronizing a juvenile prostitute  
Exploitation of a child  
Child pornography  
Possession of a controlled substance  
Pimping

Aggravated criminal sexual assault  
Keeping a place of prostitution  
Obscenity  
Harmful materials  
Criminal sexual assault  
Public Indecency  
Soliciting for juvenile prostitution

\_\_\_\_\_ (Initial)

I have read and understood the mission, what is considered unacceptable behavior, guidelines for disciplinary action and have initialed the Sworn Policy Statement. I also understand that if there are any additions I will receive a written copy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date