Volunteer Information

Thank you for your interest in becoming a volunteer at Demoiselle 2 Femme, NFP (D2F). Volunteers serve an important role in the implementation of D2F programs. In addition to staff, D2F currently has 38 active volunteers which consist of women ranging from ages 22-66 who represent a variety of career and professional backgrounds. Volunteer trainings are hosted once per year (in September) and all volunteers undergo background checks to ensure the safety of the girls and families served. You can impact the lives of teen girls by completing an application to become a D2F volunteer.

Requirements:

- Must be a female 21 years of age or older;
- Must have a passion to make a difference in the lives of girls aged 13-19;
- Must be willing to undergo a background check;
- Must be willing to commit to at least one year of service which includes attending quarterly meetings; and
- Must be able to attend a volunteer orientation at the D2F Office, 9415 S. Western Avenue, Suite 200, Chicago, IL.

To Apply:

- Complete the enclosed application packet.
- Return your completed application to D2F
- Upon receipt of your application you will receive an email confirming your enrollment in the next volunteer orientation and training.

Submit your application materials: via fax: 773-779-9471,
email: info@demoiselle2femme.org,
in-person/mail: Demoiselle 2 Femme, NFP,
9415 S. Western Ave., Suite 200
Chicago, IL 60643
Attn: Volunteer Enrollment

QUESTIONS? CONTACT OUR OFFICE AT (773) 779-9371
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?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List any foreign languages written on spoken.
______________________________________________________________________________

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

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

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

Describe any past volunteer experience.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**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.

<table>
<thead>
<tr>
<th>Day:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
<tr>
<td>Times Available:</td>
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</tbody>
</table>

☐ 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: ____________________________________
I, ______________________________, hereby authorize Demoiselle 2 Femme, NFP and/or its agents to conduct a background check concerning all statements contained in my application for references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my character, general reputation and criminal record as this volunteer position allows me to have contact with minors.

I understand that I have the right to request Demoiselle 2 Femme, NFP to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the volunteer department within a reasonable time after you have completed and signed this authorization.)

____________________________________
Maiden Name or Other Names Used

____________________________________  __________________________
Present Address  How Long?

____________________________________
City/State  Zip

____________________________________  __________________________
Former Address  How Long?

____________________________________
City/State  Zip

____________________________________  __________________________
Date of Birth  Driver’s License #  Sate of License

____________________________________  __________________________
Signature of Applicant  Date
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 is 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