



**ADVOCATE VOLUNTEER APPLICATION**

Today's Date: \_\_\_\_\_ Month Attending Training: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ SSN #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Mobile/other: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Part-Time \_\_\_\_\_ Full Time \_\_\_\_\_

Car Insurance Carrier: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Where were you born? \_\_\_\_\_ How long lived in Bay Area? \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Marital Status: \_\_\_\_\_ Children (gender & ages) \_\_\_\_\_

Educational Background: \_\_\_\_\_

Ethnicity: for grant purposes only 
 African American    Asian American    Bi-Racial    Caucasian  
 Hispanic/Latino    Native American    Samoan    Other    Decline

How did you become aware of this program? \_\_\_\_\_

Please write a brief statement on why you have chosen to volunteer with Child Advocates at this time in your life:  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the strengths you bring to the program? \_\_\_\_\_  
\_\_\_\_\_

Describe any personal or employment constraints that may restrict your time availability: \_\_\_\_\_  
\_\_\_\_\_

Previous and/or current volunteer activities: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Can you sign for the Deaf? \_\_\_\_\_

Are you willing to attend court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Have you had any personal experience involving: Child Welfare System \_\_\_ Juvenile Court System \_\_\_ Foster Care \_\_\_  
If so, please explain: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

In case of emergency call: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any questions/concerns about the Child Advocates Program? \_\_\_\_\_

I hereby affirm that the answers provided on my volunteer application are true. I understand that by submitting this application, I am authorizing inquiries to be made regarding my background to determine my suitability and fitness as a volunteer including a criminal history check. I understand that the agencies to be contacted may include employers, courts, police, social services and other persons or agencies with whom I have had contact. Further, I understand that after the successful completion of my training, I am expected to commit to at least 12 months as a volunteer with Child Advocates. I am aware of the sensitive and confidential nature of the official documents, court reports, and other materials that I will examine in my capacity as an Advocate.

Signature: \_\_\_\_\_

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

# TRAINEE AGREEMENT

Name: \_\_\_\_\_

Child Advocates will not accept any applicant into its program that is found to have been convicted of, or has charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or Child Advocates credibility.

If an applicant is found to have committed a misdemeanor or felony that is unrelated to and/or would not pose a risk to children and would not negatively impact the credibility of the organization, Child Advocates will consider the extent of the rehabilitation since the misdemeanor or felony was committed, and any other factors that may influence the decision to accept the applicant as a volunteer.

Child Advocates reserves the right to not accept an applicant/trainee as a volunteer at any time during the application and/or training process. If Child Advocates chooses not to select an applicant/trainee, Child Advocates ensures that said applicant/trainee will be treated with dignity, respect, and if appropriate, referred to alternative volunteer opportunities.

No individual will be rejected because of culture, disability, ethnicity, gender, marital status, national origin, race or sexual orientation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing above, I acknowledge the terms and agreements included within the process of becoming a child Advocate.**

**Application and Trainee Agreement can be faxed to (408) 416-0406,  
delivered or mailed to 509 Valley Way, Milpitas, CA 95035**

