



Volunteer Application

Application Instructions and Information:

Child Focus, Inc is an equal opportunity volunteer agency and does not discriminate because of race, age, gender, religion, marital status, sexual orientation, or disability.

Your volunteer position will be contingent on positive references, criminal background check, volunteer interview/orientation and the completion of the Medical History & Health Forms.

- **All Volunteer applicants must be at least 21 years of age.**
- **All Volunteer In Training applicants must be at least 18 years of age.**

Application Process

- Volunteer Personnel will confirm receipt of application.
- Volunteer Interview
- Completed Background Check.
- Volunteer Training
- Volunteer is ready to begin!

Please note that we will do our best to place you in the position that you selected.

Background Check

For each background check Child Focus incurs a cost of \$35 per search. If you would like to help offset this cost please consider making a donation to the agency. An alternate means to save Child Focus the \$35 expenses is to have the HR Department at your place of employment write a note on letter head stating that you have completed a recent background check and all searches were clear of any offences. Additionally if you have a CASA, CCSD, LVMPD badge they will also suffice.

Reference Forms/Letters

The reference form is included with this application; please distribute three copies to your references. Along with the forms, we will also accept reference letters on official letterhead of the organization. If your reference prefers to have their completed form/letter in a signed and sealed envelope, they can do so and then mail it in or please attach envelope to your application. References from family members **will NOT** be considered. Completed reference forms can be mailed in separately.

Training

We do ask all volunteers to commit to volunteer training before the date of volunteer commitment. During the training sessions you will become acquainted with the philosophies, policies and procedures of the Program as well as emergency and safety procedures.

Questions:

Questions regarding the Volunteer positions and/or the application process can be directed to: Daria Mason-Davidson, Program Manager: daria@childfocusnv.org or phone 702-436-1624.

Fax, Mail or email completed volunteer applications to:

Child Focus, Attn: Daria Mason-Davidson
4310 Cameron St., Ste. 12
Las Vegas, NV 89103
Fax: 702-367-1624 Email: daria@childfocusnv.org



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VOLUNTEER POSITIONS:

- Camp To Belong Sibling Events Fundraising Share & Discovery
 Case Management Office/Clerical Public Relations Other _____

NAME _____ DATE OF BIRTH _____

MAIDEN NAME (AKA) _____ RACE _____ M/F _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Work) _____

PHONE (Cell) _____ E-MAIL _____

PREVIOUS ADDRESS: (We need a total of 7 years of residency. Use back of sheet if needed)

SOCIAL SECURITY # _____

DRIVERS LICENSE (State) _____ (Number) _____

Emergency Contact (Name) _____ (Phone) _____

VOLUNTEER DISCLOSURE AND RELEASE FORM:

As part of the application process as a volunteer for Child Focus, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, and is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), central or regional registries for the collection of information concerning the abuse or neglect of a child, motor vehicle records, military records, names and dates of education. I understand that these records may be used for the eligibility of my volunteer status. I authorize without reservation the full release of these records and for American Background Checks and/or its agents contacted by American Background Checks to obtain information. I understand that Child Focus cannot further disseminate this information.

In addition, I release and discharge American Background Checks, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my volunteer status at Child Focus. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of my participation as a volunteer. I understand that Child Focus reserves the right to determine that I am unable to serve as a volunteer for any reason that Child Focus deems detrimental to the foster children.

Signature: _____

Date: Month _____ Day _____ Year _____

To Be Completed by Child Focus Representative:

Background Check Received _____ **Check No.** _____

Copy of Driver's License and insurance card received on: _____

Sent to American Background Checks on: _____ **Received Report on:** _____

Interviewed by: _____ **Date:** _____



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EDUCATION AND WORK EXPERIENCE:

1. Education Completed: High School College Advanced Degree Other _____
2. Current Employer _____
Position _____ How Long _____
Previous Employer _____
Position _____ How Long _____

VOLUNTEER EXPERIENCE/INTEREST

3. Where did you hear about Child Focus and our volunteer opportunities?

4. What interested you in volunteering with Child Focus?

5. Please list any current or previous work or volunteer experience that you feel is relevant to working with children. _____

6. When are you available to volunteer?
Day(s) of Week _____ Time of Day _____
Number of Hours (daily/weekly/monthly) _____
7. Are you bilingual? YES NO
Please list those languages in which you are proficient: _____
8. Do you have current First Aid Training? YES NO
9. What skills, training, or knowledge do you wish to utilize as a Child Focus volunteer?

REFERENCES

10. Please provide three personal or professional references. Reference letters will be mailed.
Name: _____
Address: _____
Telephone: _____ Email: _____

Name: _____
Address: _____
Telephone: _____ Email: _____

Name: _____
Address: _____
Telephone: _____ Email: _____



VOLUNTARY DISCLOSURE STATEMENT

11. Do you have any health issues that would limit your involvement and/or pose a risk to participants or staff? If yes, please elaborate:

12. Have you ever been convicted of a felony? YES NO
If YES, please explain in detail.

13. Have you ever committed or been accused, charged or alleged to have committed any crime relating in any manner to children and/or your conduct with them?
 YES NO If YES, please explain in detail.

14. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? YES NO
If YES, please explain in detail.

I understand that:

- a. Child Focus may deny a volunteer position opportunity to any person who answers yes to questions 11, 12, 13, or 14 above.
- b. The information that I have provided on this Volunteer Application is subject to verification that will include a criminal/background history check and request from any Central Registry for child abusers.
- c. Child Focus may terminate the volunteer service of any person:
 - 1) found to have a history of complaints of abuse of a minor and/or;
 - 2) found to have resigned, been terminated, or asked to resign from a position, whether paid or unpaid, due to complaints of sexual or other abuse of a minor.
- d. I will submit a photocopy of my state ID or Driver's License for the purpose of completing a background search.



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HEALTH HISTORY

Please check if you have been subject to any of the following health concerns. Please provide an approximate date that you experienced any of the following. Please submit a copy of your health insurance card with policy number.

Health history (check all that apply, giving last date of occurrence):

- | | | | |
|-------------------------------------------------|-------|----------------------------------------------|-------|
| <input type="checkbox"/> Hay Fever (Seasonal) | _____ | <input type="checkbox"/> Ivy/Sumac Poison | _____ |
| <input type="checkbox"/> Insect/Bee Stings | _____ | <input type="checkbox"/> Penicillin | _____ |
| <input type="checkbox"/> Chicken Pox | _____ | <input type="checkbox"/> Measles | _____ |
| <input type="checkbox"/> Frequent Stomach Aches | _____ | <input type="checkbox"/> Mumps | _____ |
| <input type="checkbox"/> Asthma | _____ | <input type="checkbox"/> Mononucleosis | _____ |
| <input type="checkbox"/> Ear Infection | _____ | <input type="checkbox"/> Heart Defect | _____ |
| <input type="checkbox"/> Diabetes | _____ | <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Bleeding Disorder | _____ | <input type="checkbox"/> Eczema | _____ |
| <input type="checkbox"/> Chronic Headaches | _____ | <input type="checkbox"/> Fainting Spells | _____ |
| <input type="checkbox"/> Fifth Disease | _____ | <input type="checkbox"/> Aids/HIV | _____ |
| <input type="checkbox"/> Vision Impairment | _____ | <input type="checkbox"/> Bee/Wasp Allergy | _____ |
| <input type="checkbox"/> Hearing Impairment | _____ | <input type="checkbox"/> Learning Disability | _____ |
| <input type="checkbox"/> Speech Issues | _____ | <input type="checkbox"/> Sun Sensitivity | _____ |
| <input type="checkbox"/> Animal Allergy | _____ | <input type="checkbox"/> Hepatitis | _____ |
| <input type="checkbox"/> Food Allergy | _____ | <input type="checkbox"/> Tuberculosis | _____ |
| <input type="checkbox"/> Lurch Condition | _____ | <input type="checkbox"/> Other Drugs | _____ |

Date of last tetanus shot: _____

Operations or Serious Injuries: _____

Chronic or Recurring Illnesses: _____

Are you prescribed any medications? Yes No

Other Medical or Emotional Concerns: _____

Do you have any dietary restrictions or allergies? _____

NAME OF FAMILY PHYSICIAN: _____

LAST FIRST

WORK PHONE: _____

NAME OF FAMILY DENTIST: _____

LAST FIRST

WORK PHONE: _____

Do you hold valid Medicare or other medical insurance? Yes No

If yes, indicate Carrier _____ Policy # _____



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VOLUNTEER STANDARDS OF CONDUCT

Child Focus Volunteers are models whose behavior should serve as a positive example for all children living in foster care. It is important that each Volunteer adhere to standards of appropriate conduct while performing functions as a Child Focus Volunteer. Recognizing this point, it is the position of Child Focus that all volunteers shall:

- Provide a good example in appearance, conduct and language, abide by the guidelines, policies and procedures and be responsible for conducting him/herself in an appropriate manner at all times.
- Be a positive role model and help develop appropriate boundaries for physical contact. No Volunteer may ever, under any circumstances, become personally involved with any client. A client is anyone who seeks or receives services or resources from Child Focus by phone or in person. Volunteers who do become personally involved with a client is subject to disciplinary action. Personal involvement includes any interaction that cannot be reasonably construed as program services related. Sexual interaction is the most serious and obvious type of involvement.
- Provide criticism in a constructive and positive manner. Never use profanity or otherwise curse at clients for their performance or behavior.
- Demonstrate a respect for and courtesy toward all other Child Focus participants. Child Focus supports communication and conflict resolution concerning disagreements and differences of opinion between Board Members, Committee Members, Staff and/or Volunteers. Board Members, Committee Members, Staff and Volunteers are expected to work together to find solutions in a positive and mutually respectful manner.
- Cooperate with Child Focus Board Members, Committee Members, Staff, fellow Volunteers, and personnel in establishing and conducting a quality experience for all clients.
- Provide for the general welfare, safety, health, and well being of each client in their charge.
- Refrain from the consumption of alcoholic beverages and non-prescriptive controlled substances while performing functions as a Child Focus volunteer.
- Refrain from smoking at Child Focus events.
- Seek medical attention for clients and/or other volunteers who show signs of injury, illness or distress at Child Focus events.
- Wear his/her Volunteer Credentials and keep it visible throughout the event.
- Each Volunteer has an obligation to clients, Board Members, Committee Members, fellow Volunteers, and the administration to cooperate in accomplishing Child Focus's goals, to expose corruption wherever discovered, to refrain from disclosing any confidential information, to preserve and safeguard Child Focus assets, and to uphold these principles, ever conscious that Child Focus is a trust between its clients and itself.

Child Focus Volunteers are committed to abide by the rules, policies and procedures established by Child Focus. Any Volunteer that may violate anything contained within the VOLUNTEER STANDARDS OF CONDUCT is subject to immediate termination, dismissal, or other disciplinary action as appropriate.

In the event that any volunteer is accused of verbal and/or physical abuse of any client, Child Focus will immediately terminate the alleged abuser's contact from all Child Focus activities until allegations are investigated. Child Focus will contact the appropriate state and/or local protective services agency within 24 hours of the complaint.



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Child Focus has the responsibility to protect and support the best interest of Child Focus clients and volunteers. We hope that the adherence to this VOLUNTEER STANDARDS OF CONDUCT will eliminate all inappropriate behaviors by all Child Focus Volunteers.

This code is intended to provide guidance to our volunteers. It is not intended to be and should not be construed as an express or implied contract. Child Focus management reserves the discretion to act in the best interests of furthering the mission, goals and values of Child Focus. Service with Child Focus is on an "at will" basis.

NAME (printed) _____ (signed) _____

DATE _____

CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT between Child Focus, a Nevada non-profit corporation ("Company") and _____, and individual, ("Recipient") is made this _____ day of _____, 20__.

WHEREAS, Company has developed methods of establishing, operating, and promoting non-profit programs for foster children using Company's valuable trade names, trade secrets, service marks and the Company's distinctive plans for the establishment, operation and promotion of programs and related proprietary methods of doing business ("Proprietary Methods") (Programs and Proprietary Methods shall all be refer to as "Confidential Information"). Foster children and their families are entitled to privacy and confidentiality, and Child Focus volunteers must respect these rights by adhering to our standards of professionalism.

The parties therefore agree as follows:

- All client matters are confidential. Any client data, documents, pictures, files, and any other specific information pertinent to clients obtained during visiting, whether written or oral or visual, are to be held in the strictest of confidence, and said information shall not be disclosed to a third person not approved by Child Focus.
- Volunteers shall refrain from any action and avoid any public statement that might reflect adversely upon Child Focus or its clients.
- Volunteers shall not communicate to any person information that has not been made public.
- All Volunteers must assume the highest degree of confidentiality and integrity in the best interest of Child Focus, their clients and their families, and shall adhere strictly to all policies that serve to protect the relationship of Child Focus and its Volunteers to the client.

We trust each Volunteer will maintain the highest level of professionalism, respect, and trust with the foster families and foster children requesting or needing any of Child Focus's services or resources. Child Focus expects Volunteers to comply with all Policies and Procedures including this CONFIDENTIALITY POLICY. Violation of confidentiality shall be considered a major infraction and any breach of confidentiality will be cause for immediate removal.

NAME (printed) _____ (signed) _____

DATE _____



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APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. Furthermore, Applicant agrees to indemnify and hold harmless Child Focus, its members, partners, officers, employees, heirs, assigns and affiliates from all liability incurred by Applicant, whether such liability arises from Applicant's intentional actions, negligence or otherwise. Such duty arises at the time a lawsuit is filed, and Applicant agrees to defend and indemnify all named entities and persons in said lawsuit. Child Focus, and all others named above, may retain their own counsel and be reimbursed for all fees and costs associated with said lawsuit. Applicant agrees he/she is a volunteer and is not an agent or employee of Child Focus. All actions taken in accord with this agreement are at Applicant's discretion, and Applicant agrees that Child Focus has no control over Applicant's performance or conduct. By signing below Applicant agrees to waive his/her right to sue Child Focus for any injury to person or property suffered while performing any and all volunteer services. Applicant agrees that should this agreement be challenged legally all parties must submit their grievance to binding arbitration for final determination under the rules of the American Arbitration Association, utilizing Nevada law. The arbitrator may award fees and costs to any party.

I agree that Child Focus may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, newsletter, and Web content.

I have carefully read and understand all of the above statements.

Signature _____ Date _____

Printed Name _____

Please submit a copy of your current Driver's License, Automobile Insurance and Health Insurance. If you would like to offset the costs of the background investigation you can also include a check for \$35.00.



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CONFIDENTIAL REFERENCE CHECK FORM

I _____, authorize _____
(Applicant's name/please print) (Name of Reference)
to provide relevant information that will be used to arrive at a volunteer decision.

Applicant Signature _____ Date _____

TO BE COMPLETED BY THE REFERENCE.

The person above is applying for a volunteer position with Child Focus. All volunteer roles involve information and/or interaction with at-risk children and children living in Foster Care. We are anxious to profit from your observations of him or her. Your candid assessment of his/her suitability for working with children is essential to us. **All evaluations will be kept in strict confidence, and will not be shown to the applicant.** Letters of reference may be submitted in addition to this form. Please complete this form, and return it to the candidate in a sealed and signed envelope for the candidate to submit with his/her application. Applications without attached references will not be considered.

What is your relationship to the applicant?

_____ Employer _____ Teacher _____ Community Leader _____ Clergy _____ Other (*explain*)

How well do you know the applicant? _____ Very Well _____ Well _____ Casually

How long have you known the applicant? _____ Years _____ Months

Please rate the applicant to the best of your knowledge with respect to each of the following:

Please rate the applicant on a scale of 1-10. 1 being the least qualified, and 10 being the most qualified.

Maturity	1	2	3	4	5	6	7	8	9	10
Responsibility	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Dependability	1	2	3	4	5	6	7	8	9	10
Team Work	1	2	3	4	5	6	7	8	9	10
Patience	1	2	3	4	5	6	7	8	9	10
Good Judgment	1	2	3	4	5	6	7	8	9	10
Works well w/ Children	1	2	3	4	5	6	7	8	9	10

Please use the reverse of the form to answer the following questions

1. Keeping in mind that being a volunteer can be very demanding, requiring long hours and hard work, how would you assess this applicant's suitability for such a position?
2. In your opinion, is there any reason why this candidate should not be considered for this position?
 YES NO If YES, please take the time to explain on the back of this form.

Please feel free to use the reverse side of this form for any additional comments. Thank you for your assistance.

Signature: _____ Print Name: _____ Title: _____

Company: _____ Phone: _____ Date: _____



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ADDITIONAL FORMS IF INTERESTED IN VOLUNTEERING AT CAMP TO BELONG

LETTER OF COMMITMENT – CAMP TO BELONG ONLY

I, _____, will be joining the Camp To Belong Nevada family to celebrate our sixth season since the re-introduction of Camp To Belong for Clark County; Camp is June 25 to July 1, 2011. I understand Camp To Belong will be coordinating volunteers and participants primarily from Clark County, with others from around the country, and will do my best to accommodate the guidelines to avoid exceptions to the rule that may affect convenience of ground transportation, meal time planning, financial allocation, time restrictions and the like.

I understand I need to arrive in Las Vegas the Friday prior to the start of Volunteer Training, in order to secure transportation to Pathfinder Ranch for training. If going directly to the camp, I understand it will be necessary to arrive by 12:00 noon on Saturday for volunteer training. Volunteers are allowed to arrive on-site at Pathfinder Ranch at that time. The first meal provided to volunteers will be dinner on Saturday afternoon. Attendance throughout the entire period of volunteer training is mandatory. If special considerations for later arrival are necessary, I will discuss them with the Child Focus Sibling Preservation Program Manager.

I understand I need to depart Pathfinder Ranch after noon (12:00 PM) on the last Friday of camp. Special considerations for earlier departure will not be granted. If special consideration is needed for a later departure, I will discuss them with the Child Focus Sibling Preservation Program Manager.

I understand Camp To Belong Nevada may seek volunteer assistance to escort the Las Vegas participants' home on the bus. Volunteers who have been selected to ride home on the bus with the campers will be notified during volunteer training. Prior to becoming assigned, I may volunteer to accompany the participants' home via bus I will notify the Child Focus Sibling Preservation Program Manager if I wish to assist.

I understand that I am responsible for all expenses including air, auto miles, airport parking and meals before meeting Child Focus representatives at arrival and after leaving Child Focus representatives at departure.

NAME (printed) _____ (signed) _____

DATE _____



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ADDITIONAL FORMS IF INTERESTED IN VOLUNTEERING AT CAMP TO BELONG

PATHFINDER RANCH RELEASE & INDEMNITY – CAMP TO BELONG ONLY

In consideration for being permitted to participate in the activities organized on the premises of and/or administered by Pathfinder Ranch, I hereby waive, release and discharge any and all claims for damages, for personal injury, death or property damage which I may have, or which hereafter accrue to me, my representatives, agents, assigns and heirs, against Pathfinder Ranch as a result of my participation in the activities organized on the premises of and/or administered by Pathfinder Ranch. This release is intended to discharge Pathfinder Ranch, its affiliates and subsidiaries, employees, agents, volunteers, officers, directors, board members and their immediate families, successors and assigns from and against any and all liability arising out of or connected in any way with my participation in the activities organized on the premises of and/or administered by Pathfinder Ranch, even though that liability may arise out of the negligence or carelessness on the part of the persons or entities mentioned above. I further understand that accidents and injuries can arise out of the activities organized on the premises of and/or administered by Pathfinder Ranch. Nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or with intention) might otherwise be liable to me, my representatives, agents, assigns and heirs for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on me, my representatives, agents, assigns and heirs. In addition, I agree to indemnify and hold harmless Pathfinder Ranch, its affiliates and subsidiaries, employees, agents, volunteers, officers, directors, board members and their immediate families, successors and assigns from and against all claims, damages, losses and expenses including attorney fees arising out of my participation in the activities organized on the premises of and/or administered by Pathfinder Ranch, caused in whole or in part by my negligent act.

I HAVE CAREFULLY READ THE ABOVE RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY PATHFINDER RANCH, AND I SIGN IT OF MY OWN FREE WILL.

NAME (printed) _____ (signed) _____

DATE _____