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| DCS-1252A (4-17) | | | | ARIZONA DEPARTMENT OF CHILD SAFETY  **VOLUNTEER APPLICATION** | | | | | | | | | | | | | | | |  | |
| DATE: |  | | | | | | | | | | | | | | | | | | |  | |
| NAME | | | | | | | | EMAIL ADDRESS | | | | | | | | | | CELL PHONE | | | | |
| ADDRESS | | | | | | | | CITY | | | | | | | | | | STATE | | | ZIP | |
| MAILING ADDRESS *(If different)* | | | | | | | | | | | | | | | | | | | | | | |
| **PREFERENCES** | | | | | | | | | | | | | | | | | | | | | | |
| Children’s Heart Gallery | | | | | | Events | | | Other: | | | | | | | | | | | | | |
| **REASON FOR VOLUNTEERING** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **HOW DID YOU FIND OUT ABOUT VOLUNTEERING FOR DCS?** | | | | | | | | | | | | | | | | | | | | | | |
| Website | | | Family | | | | Friend | | | | DCS Employee | | | | | | Other: | | | | | |
| **CURRENT/PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT/PREVIOUS EMPLOYER | | | | | | | | | | | | | | | CURRENT/PREVIOUS OCCUPATION | | | | | | | |
| EMPLOYER’S ADDRESS *(No., Street, City, State, ZIP)* | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISOR’S NAME | | | | | | | | | | LENGTH OF EMPLOYMENT | | | | | PHONE NUMBER | | | | | | | |
| **AVAILABILITY** | | | | | | | | | | | | | | | | | | | | | | |
| INDICATE THE DAYS AND HOURS YOU ARE WILLLING TO WORK | | | | | | | | | | | | | NUMBER OF HOURS AVAILABLE PER WEEK/MONTH | | | | | | | | | |
| VOLUNTEER EXPERIENCE *(Where, When, Type of Work)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION *(Highest Level)*** | | | | | | | | | | | | | | | | | | | | | | |
| High School, College, University, Trade School or Business School | | | | | City and State | | | | | Dates Attended | | | | Diploma/Degree and  Date Received | | | | | Major Area of Study | | | |
|  | | | | |  | | | | |  | | | |  | | | | |  | | | |
| SPECIAL SKILLS/TRAINING/LICENSES | | | | | | | | | | | | LANGUAGES SPOKEN | | | | | | | | | | |
| **REFERENCES *(Persons Not Related To You)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | | NAME | | | | | | | | | | | | | | PHONE NUMBER | | | | | | |
|  | | ADDRESS | | | | | | | | | | | | | | | | | | | | |
|  | | NAME | | | | | | | | | | | | | | PHONE NUMBER | | | | | | |
|  | | ADDRESS | | | | | | | | | | | | | | | | | | | | |

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| DCS-1252A (4-17) – PAGE 2 | | | | | | | |
| **STATEMENT OF CERTIFICATION** | | | | | | | |
| Have you ever been convicted of any crime, even if set aside or expunged?  *Please note that a criminal conviction does not automatically disqualify you from volunteering.* | | | | | | | |
| YES  NO | | | | | | | |
| If **YES**, please provide the following: | | | | | | | |
| DATE       /     / | JURISDICTION | | | CHARGE | | Felony **OR**  Misdemeanor | |
| Do you currently have a valid Level One Fingerprint Clearance Card? | | | | | | | |
| YES  NO If **YES**, attach a copy of fingerprint card. If **NO**, use Fieldprint to obtain fingerprint card, *if required*. | | | | | | | |
| Have you had any involvement with DCS *(or our predecessor, CPS)*? | | | | | | | |
| YES  NO | | If **YES**, please explain: | | | | | |
| Have you had an entry of substantiated acts of child abuse or neglect in any other state’s or jurisdiction’s registry? | | | | | | | |
| YES  NO | | If **YES**, please explain: | | | | | |
| There will be a search of the DCS Central Registry for any entries of child abuse or neglect regarding you. | | | | | | | |
| DATE OF BIRTH: | | | SOCIAL SECURITY NUMBER: | | | | |
| **INSURANCE** | | | | | | | |
| **LIABILITY COVERAGE:** Volunteers are persons doing State of Arizona work/activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.  **WORKERS’ COMPENSATION IS NOT COVERED:** Volunteers are NOT covered by the State’s workers’ compensation plan if injured while participating in this program. (Except for volunteers covered pursuant to A.R.S. 23-901.) Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. | | | | | | | |
| I certify that the above responses are true to the best of my knowledge. I agree to allow the Department of Child Safety to check my references. I have carefully read the above information and understand its contents. | | | | | | | |
|  | | | | |  | |  |
|  | | | | |  | |  |
| VOLUNTEER’S SIGNATURE | | | | |  | | DATE |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR DCS INTERNAL USE ONLY** | | | | | |
| SUPERVISOR OF VOLUNTEER | | TITLE | | PHONE NUMBER | |
| DIVISON/PROGRAM | DUTIES OF VOLUNTEER | | BEGIN DATE       /     / | | END DATE       /     / |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.