



## PURPLE RIBBON VOLUNTEER/INTERNSHIP PROGRAM APPLICATION



Thank you for your interest in volunteering with Emerge! Center Against Domestic Abuse

**Volunteers at Emerge! must be 18 years or older**

*In order to support the healing process for domestic abuse victims, Emerge! is unable to consider applications from individuals who are currently participating in our programs and services.*

To apply, complete this application and return as directed below. Once we have received your application you will be contacted for an interview. You will be required to obtain or provide an Arizona Department of Public Safety (ADPS) fingerprint clearance card. These clearances require a one-time out-of-pocket fee, and can be reimbursed by Emerge! or can be made as a donation to the agency. You will also be asked to complete a confidentiality agreement, professional ethics policy; submit a notarized criminal history affidavit; provide three references; and attend required training sessions provided by the agency.

If you are applying for an internship for academic credit, please also include a current resume and documentation showing learning objectives and/or contracts.

If you have any questions or concerns about the volunteer application and screening process, please contact the Volunteer Coordinator at 520-795-8001 ext. 7024.

**Complete this form in its entirety and return to:**

Graciela Jauregui  
Volunteer Coordinator  
2545 E. Adams Street  
Tucson, AZ 85716

**Email:**

[gracielaj@emergecenter.org](mailto:gracielaj@emergecenter.org)

**Fax:**

520-795-1559

Check the one which applies

- Direct Service Volunteer
- Indirect Service Volunteer
- Internship

Date \_\_\_\_\_

Name \_\_\_\_\_  
First, Middle Initial, Last

Are you 18 years or older?  Yes  No

Have you ever been an Emergel, Brewster Center, or Tucson Centers for Women & Children (TCWC) program participant or service recipient?  Yes  No  
If yes, please provide the approximate last date of participation: \_\_\_\_\_

Have you ever been an Emergel, Brewster Center, or TCWC employee, volunteer, or intern?  Yes  No  
If yes, please provide the approximate last date of employment/commitment/internship: \_\_\_\_\_

### COMMITMENT

**Direct Service Commitment: Due to the extensive screening and training we prefer a minimum one-year commitment from our Direct Service Volunteers. Are you able to make at least one year commitment to volunteering?**  Yes  No  Not sure

Comments: \_\_\_\_\_

### LEGAL DISCLOSURES\*

***\*As a volunteer/intern, you will be asked to complete and sign a Criminal History Self-Disclosure Affidavit, Confidentiality Agreement, and a Drug-Free Environment Policy Agreement. You will be asked to obtain a level one fingerprint clearance card from the Arizona Department of Public Safety and will be required to be approved through a Central Registry Background Check through the Arizona Department of Economic Security. Reimbursement for fees is available.***

Have you ever been convicted of any crime (excluding minor traffic violations), including driving while under the influence of alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Some volunteer positions at Emergel may require driving an agency vehicle for agency business. Proof of current insurance and a 39-month uncertified Motor Vehicle Department driving record must be submitted for approval.

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any restrictions on your license which would prevent you from driving an agency vehicle for agency business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you aware of any restrictions you may have on a current fingerprint card OR would be implemented when an application is submitted for a fingerprint clearance card? Yes \_\_\_\_\_ No \_\_\_\_\_

## LANGUAGES AND SKILLS

Languages read, written or spoken fluently other than English \_\_\_\_\_

List any other special skills, training, or certification that might be relevant to your volunteer experience at Emerge!

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What do you hope to gain from your experience with Emerge!?

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How did you hear about our Volunteer Program? If referred by a person/agency, please provide name:

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## SKILLS & EXPERIENCE EMPLOYMENT HISTORY

Please list your current and previous employment experience that is helpful or relevant to Emerge!'s mission to create, sustain, and celebrate a life free from abuse.

Retired or not currently employed       My employer has a gift matching or volunteer incentive program

EMPLOYER	JOB TITLE/RESPONSIBILITIES	EMPLOYMENT DATES

## VOLUNTEER/OTHER EXPERIENCE

Please list any previous volunteer experience that would be helpful or relevant in volunteering at Emerge!

ORGANIZATION	ACTIVITY/ROLE	VOLUNTEER DATES/HOW OFTEN?

## POSITION(S) OF INTEREST

### Direct Services

- Hotline** assists with crisis calls, information and referrals, intake process for shelter, and administrative support.
- Emergency Shelter** assists with a broad range of duties including supporting our participants, hotline, and day to day functions of the shelter.
- Community-Based Services** assist with crisis calls, greet participants, and make referrals and appointments, and administrative support.
- Family Services** includes support groups for mom's and children in shelter and at our community-based services
- Nutrition Program** assist with organization of pantry/kitchen at shelter and community-based sites and runs to the food bank.
- Translation or Interpretation** assist with providing language support to participants in shelter and community-based sites.

### Indirect Services

- Environmental Services** support our Environmental Service Technicians with landscaping, gardening, painting, repairs, etc.
- Community Outreach** represent Emerge! at tabling events in the community and assist with community education.
- Development Support** work side by side with our Development Staff to spread the word about Emerge!
- Special Events & Fundraisers** assists with agency events (Mother of the Year Luncheon, Fall Golf Event, Holiday House, etc.)
- Donation Center** assisting with sorting, taking inventory and organizing donations and agency supplies.
- Administrative Support** assist with the day to day needs of our administrative office

## INTERNSHIP INFORMATION STUDENTS ONLY

Emerge! strives to provide a dynamic learning experience for students with interests in human services and related non-profit operations and administration.

Major/Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

College or University: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Number of hours required: \_\_\_\_  total per semester  work per week

Credits hours attempted: \_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Please attach a copy of any learning objectives, contracts, or other documentation your school requires for the internship.

Please initial: \_\_\_\_ I understand Emerge! requires a minimum one-year (two-semester) commitment for most positions, regardless of the time required by my school. (Student work schedules generally follow the appropriate academic calendar, including holidays, summer, and spring break schedules.)

## VOLUNTEER AVAILABILITY (Please check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**PERSONAL INFORMATION**  
**CONTACT INFORMATION**

Name \_\_\_\_\_  
First, Middle Initial, Last

Nickname (if applicable) \_\_\_\_\_

Home/Other Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_  OK to Text Me

Best Time to Call You? \_\_\_\_\_

Preferred Method of Contact:  No Preference  E-mail  Home  Work  Cell  Text  Mail

E-mail address: \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Secondary Contact if first is unavailable: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**REFERENCES**

All volunteers and interns are required to provide 1 personal reference and 2 professional references. References must be received prior to beginning volunteer work. Please list individuals who can speak to your work/volunteer experience. **Please do not list family members.**

Name	Phone Number	Occupation/Relationship

*By signing below, I authorize Emerge! Center Against Domestic Abuse to check my references and verify the information I have provided.*

*I further agree that I am verifying that everything on this application is true to the best of my knowledge and giving misleading information will be grounds for ending my volunteer commitment with Emerge!*

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

ARIZONA DEPARTMENT OF CHILD SAFETY

**DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM**

**Applicant/Employee:** You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment, and the DCS and DPS Fingerprint Clearance Card databases.

All information on the form must be **typed or printed**. Any form missing information or containing information which is not legible will be **returned to the requesting agency**.

**Employers:** Return the completed form via secured email to [dcscentralregistry@azdcs.gov](mailto:dcscentralregistry@azdcs.gov) within five (5) business days of hire and upon license renewal. This form must be retained as confidential in the employee's file, and it is subject to audit.

NAME OF REQUESTING AGENCY Emerge! Center Against Domestic Abuse		REQUESTING AGENCY EMAIL ADDRESS gracielaj@email.arizona.edu	
MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results) 2545 E. Adams Street, Tucson, AZ 85716			
APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.)		SOC. SEC. NO.	DATE OF BIRTH (mm/dd/yy)
OTHER NAMES USED (Including nicknames and maiden names)		FINGERPRINT CLEARANCE CARD OR APPLICATION NO.	
APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)			

<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Renewal	APPLICANT/EMPLOYEE EMAIL
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POSITION	DATE EMPLOYED
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Solicitation No. \_\_\_\_\_  
  Contract/Extension No. DES12-025514  
  Tracking No. \_\_\_\_\_

EDUCATION	EXPERIENCE
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Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction?  Yes  No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?  Yes  No

If Yes:

- **What** was the allegation(s)? \_\_\_\_\_
- **When** was the investigation(s) conducted? \_\_\_\_\_
- **Where** was the investigation(s) conducted? \_\_\_\_\_

*If you wish to provide additional information please use reverse side.*

**STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE**

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE	DATE
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**FOR DCS USE ONLY**

DATE RECEIVED	<b>CPS/CR Substantiated Reports</b> Date Checked _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Disqualifying <input type="checkbox"/> Non-Disqualifying _____ <i>Report No.</i> <i>Code</i>	<b>Fingerprint Clearance Card Status</b> Date Checked _____ <input type="checkbox"/> Valid Level 1 <input type="checkbox"/> Suspended <input type="checkbox"/> Expired <input type="checkbox"/> Denied <input type="checkbox"/> Driving Restricted _____ <i>Card No.</i> <i>Expiration</i>
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NAME/SIGNATURE OF PERSON COMPLETING SEARCH

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 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.