



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

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 Emerge, 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 Emerge, 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 Emerge 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

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

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

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 (Survivor of the Year Luncheon, DVAM Month, 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

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 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):

APPLICANT/EMPLOYEE: [] New Hire [] Rehire [X] Volunteer [] Renewal
APPLICANT/EMPLOYEE EMAIL:

POSITION:
DATE EMPLOYED:

[] Solicitation No. [] Contract/Extension No. DES12-025514 [] Tracking No.

EDUCATION:
EXPERIENCE:

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:

FOR DCS USE ONLY

DATE RECEIVED:
CPS/CR Substantiated Reports: Date Checked, [] No [] Yes, [] Disqualifying [] Non-Disqualifying, Report No., Code
Fingerprint Clearance Card Status: Date Checked, [] Valid Level 1 [] Suspended [] Expired, [] Denied [] Driving Restricted, Card No., Expiration

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.