



Thank you for your interest in the Child Crisis Center. We are pleased that you have taken and interest in becoming one of our volunteers. We appreciate your concern for the children we shelter and your commitment to the prevention of child abuse.

Attached you will find:

- 👉 **LIST OF VOLUNTEER OPPORTUNITIES:** Includes the **CCC** guidelines for volunteering, including age requirements.
- 👉 **CCC VOLUNTEER APPLICATION:** Please fill out completely.
- 👉 **CRIMINAL HISTORY AFFIDAVIT:** This form **MUST** be notarized before you will be able to volunteer. This is a Department of Economic Security requirement for anyone working directly with children whether they are an employee or volunteer. Fill out the form completely but **DO NOT** sign it until you are in the presence of a notary.
- 👉 **BACKGROUND CHECK:** We reserve the right to obtain a criminal background check or to request finger printing on any potential volunteer. You will need to sign and date this portion of the application before turning it in at the orientation.
- 👉 **REFERENCE SHEET:** Please provide us with **TWO** references. Make sure to provide **COMPLETE ADDRESSES** so we may mail the reference form to them. **PLEASE DO NOT LIST FAMILY MEMBERS AS REFERENCES.**
- 👉 **CONSENT FORM:** If you are under the age of 18, please have your parent or guardian complete this form. You **WILL NOT** be able to begin volunteering until this form is on file with us.
- 👉 **VOLUNTEER JOB DESCRIPTIONS:** The descriptions provide more detailed information about our volunteer opportunities.

All volunteers are required to attend a General Volunteer Orientation (GVO) at which time you will learn more about the Child Crisis Center and the volunteer opportunities we have here. GVOs are held monthly. You must call (480) 969-2308 to reserve a space. Please bring your **COMPLETED** application along with \$1 liability insurance fee to the GVO.

At the GVO you will be given an opportunity to sign up for a volunteer interview. During the interview we will talk more extensively about the volunteer expectations as well as what you are looking for in your volunteer experience. We will also do a health screen as required by the Arizona Department of Economic Security. The health screen includes your height, weight, blood pressure, and listing any recent surgeries or illnesses that could impact your ability to volunteer and care for children.

Each volunteer is required to complete a mandatory training. Volunteer trainings are held monthly and you will be given an opportunity to sign up for the training during your interview.

If you have any questions, please feel free to call the volunteer office at (480) 969-2308. Once again, thank you for your interest in our organization and the prevention of child abuse.

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**Listed below are the volunteer opportunities available through Child Crisis Center. The following guidelines are in the interests of both the volunteer and our clients. We appreciate your cooperation.**

<u>Program</u>	<u>Volunteer Minimum Age</u>	<u>Days of Week</u>	<u>Times Available</u>	<u>Ages of Clients</u>
Direct Care – Tiny Tots Unit	16	7 days a week	7:30 am – 8 pm * (Shifts are 2 – 3 hrs.)	Infant – 4 years
Direct Care – Big Kids Unit	16	7 days a week	7 am – 8 pm * (Shifts are 2 –3 hrs.)	4-11 years
Direct Care – Tutoring/ Homework	18	<u>During school:</u> Mon. - Thurs. <u>Summer:</u> Mon. - Thurs.	<u>During school:</u> 3:30 – 5:00 pm <u>Summer:</u> Varies – usually AM	5 – 11 years
Family Resource Center	16	Mon. – Fri.	Program hours vary.	Children & Parents
Thrift Store	18	Tues. – Sat.	10 am – 5 pm	All ages

\* The children rest from Noon to 2 p.m. each day. Volunteers are not needed during that time.

- **We ask volunteers to commit to volunteering for at least one year. We ask that volunteers sign up to for at least one shift of two hours each week.**
  - Students volunteering for class credit, must volunteer a minimum of 40 hours, regardless of class requirements, and are strongly encouraged to commit for one year.
  - We will record volunteer hours as needed for students who have service/learning class requirements.
  - Due to the risk of illness and injury to the volunteer, pregnant women may not volunteer in Direct Care with the children, but may consider volunteering in another area.
  - Volunteers interested in the Speaker’s Bureau or Community Relations must volunteer a minimum of 2 months before becoming eligible to participate.
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# CHILD CRISIS CENTER

## VOLUNTEER APPLICATION

*(For office use only)*

**Checklist** *(check box when completed)*

- |  |  |
|--|--|
| <input type="checkbox"/> References Received                 | <input type="checkbox"/> Contract Reviewed and Signed                          |
| <input type="checkbox"/> Insurance Paid                      | <input type="checkbox"/> Student Checklist                                     |
| <input type="checkbox"/> Notarized                           | <input type="checkbox"/> Entered into Volunteer Database                       |
| <input type="checkbox"/> Fingerprint Card<br>Exp. Date _____ | <input type="checkbox"/> Outlook <input type="checkbox"/> Donor Perfect        |
| <input type="checkbox"/> Job Description Reviewed            | <input type="checkbox"/> Criminal History Checked                              |
| <input type="checkbox"/> Health Screen                       | <input type="checkbox"/> Parent/Guardian Consent<br>(if applicant is under 18) |

**Volunteer Reference and Training**

GVO Date: \_\_\_\_\_  
Interview Date: \_\_\_\_\_  
Date Ref. Sent: \_\_\_\_\_  
Date Trained: \_\_\_\_\_  
Inactive Date: \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
*(street) (city) (zip code)*

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
*(street) (city) (zip code)*

OK TO CALL? \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*(street) (city) (zip code)*

HOME PHONE NUMBER \_\_\_\_\_ WORK/CELL PHONE NUMBER \_\_\_\_\_

**ARE YOU VOLUNTEERING FOR SCHOOL CREDIT?** \_\_\_\_\_ *(If yes, please complete the following)*

NAME OF SCHOOL \_\_\_\_\_ COURSE \_\_\_\_\_

NAME OF PROFESSOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NUMBER OF HOURS REQUIRED \_\_\_\_\_ NUMBER OF SEMESTERS \_\_\_\_\_

WHAT IS REQUIRED BY YOUR PROFESSOR UPON COMPLETION OF HOURS? \_\_\_\_\_

I understand that I must complete at least 40 hours of service before my time can be verified for school credit.

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HOW DID YOU HEAR ABOUT THE CHILD CRISIS CENTER VOLUNTEER PROGRAMS?

\_\_\_\_\_

WHAT ARE YOU HOPING TO LEARN AS A RESULT OF YOUR VOLUNTEER WORK?

\_\_\_\_\_

WHAT EXPERIENCE AND/OR COURSE WORK HAVE YOU HAD THAT WILL BE HELPFUL IN YOUR VOLUNTEER WORK? \_\_\_\_\_

\_\_\_\_\_

WHAT FOREIGN/SIGN LANGUAGES (IF ANY) DO YOU SPEAK? \_\_\_\_\_

DO YOU HAVE ANY DISABILITIES OR HEALTH PROBLEMS WHICH MIGHT LIMIT YOUR VOLUNTEER ACTIVITIES? \_\_\_\_\_

\_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY SERVING PROBATION? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOUR CHILDREN EVER BEEN IN THE CHILD CRISIS CENTER OR FOSTER CARE?

\_\_\_\_\_

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The Child Crisis Center Board of Directors has set a fee of \$1.00 that will allow you to be included in the umbrella of the Center's liability policy. It may be paid at any time prior to your first day of service.

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### ***VOLUNTEER INTERESTS***

Please indicate if you are interested in assisting with any of the following:

1. \_\_\_\_\_ Special Event Volunteering: work at one-time events such as Christmas gift wrapping, taking tickets, golf tournaments, etc.
2. \_\_\_\_\_ Bedtime Reading: read stories to the children at bedtime.
3. \_\_\_\_\_ Tutoring/Homework: assist staff person to help children with their homework.
4. \_\_\_\_\_ Emergency Back-up: available to help on short notice for emergencies or special needs.

Please list other skills you would like to share, for example, sports, arts, music, etc. Please be specific.

\_\_\_\_\_

*Volunteering requires a commitment to a cause, a willingness to give,  
and the ability to recognize that together we make a difference!*

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# CHILD CRISIS CENTER

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## BACKGROUND CHECKS

I understand that the Child Crisis Center reserves the right to obtain a criminal background check on any potential volunteer. The Center also reserves the right to request finger printing for an individual.

X \_\_\_\_\_  
Signature of potential volunteer

\_\_\_\_\_  
Date

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## REFERENCES

Please fill out the following **COMPLETELY** using work, school or community related references. **(Please no family members)**. **Two personal references are required before beginning to volunteer with a program at the Child Crisis Center.**

I, \_\_\_\_\_, understand that the Center requires two personal references, and I hereby authorize the Child Crisis Center to inquire into my personal characteristics and history by sending letters of reference to the following individuals:

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### References:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*\*\*\*\*

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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## **PARENT/GUARDIAN CONSENT FORM**

I, \_\_\_\_\_, have read through this volunteer packet and am aware  
(Please Print)  
of the commitment that my child is choosing to make to the Child Crisis Center volunteer programs. I support her/his decision to become a regular volunteer.

I also understand that the Child Crisis Center is required by Arizona Department of Economic Security to have on record a health screen on volunteers prior to the volunteer's interactions with the Center's children. This health screen includes asking the volunteer's blood pressure, height, weight, and asking for a history of major illnesses or surgeries.

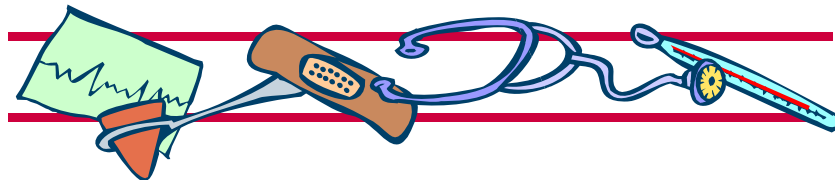
- I give my permission for Child Crisis Center Staff member to ask my child to fill out a health screen form as part of the process for my child to become a volunteer at the Center.
- I understand that my child is required to fill out a health screen form as part of the process of becoming a volunteer at the Child Crisis Center. However, I prefer to have my child bring the form home with him/her and we will fill it out together.

Signature \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_



**CRIMINAL HISTORY AFFIDAVIT  
CLASS I**

**☛ Prior to applying for a Fingerprint Clearance Card, please read the following carefully to determine if you are eligible to receive a Fingerprint Clearance Card.**

APPLICANT'S NAME (First, Middle, Last)	SOC. SEC. NO.	BIRTHDATE	AREA CODE AND PHONE NO.
APPLICANT'S ADDRESS (No., Street, City, State, ZIP)			
AGENCY'S NAME OR SPONSOR			
AGENCY'S ADDRESS (No., Street, City, State, ZIP)			
OBHL LICENSE NO. OF PROVIDER		AZ DEPARTMENT OF PUBLIC SAFETY APPLICATION NO.	

***(Administrative Office of the Supreme Court, State Board of Education [Teacher Certification], Arizona Department of Economic Security, Arizona Department of Health Services and Arizona Department of Juvenile Corrections.)***

A person who is awaiting trial on or who has been convicted of committing one or more of the following offenses in this state or similar offenses in another state or jurisdiction is precluded from receiving a Class I Fingerprint Clearance Card. If found to be awaiting trial on or convicted of committing one or more of the following offenses the person MAY NOT petition the Board of Fingerprinting for a good cause exception hearing.

You MUST respond to each and every item listed by checking either yes or no.

**Yes No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of a minor.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Sexual abuse of a vulnerable adult.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Incest.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. First or second degree murder.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Kidnapping.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Arson.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Sexual assault.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Sexual exploitation of a minor.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Sexual exploitation of a vulnerable adult.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Commercial sexual exploitation of a minor.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Commercial sexual exploitation of a vulnerable adult.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Robbery.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Child prostitution as prescribed in A.R.S. § 13-3212.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Child abuse.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Abuse of a vulnerable adult.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Sexual conduct with a minor.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Molestation of a child.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Molestation of a vulnerable adult.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Manslaughter.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Aggravated assault.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. A dangerous crime against children as defined in A.R.S. § 13-604.01.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Exploitation of minors involving drug offenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Felony offenses involving contributing to the delinquency of a minor.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206.  |

A person who is awaiting trial on or who has been convicted of committing one or more of the following offenses is precluded from receiving a Class I Fingerprint Clearance Card, except that the person MAY petition the Board of Fingerprinting for a good cause exception hearing pursuant to A.R.S. § 41-619.55.

Yes No

- 1. Endangerment
  - 2. Threatening or intimidating.
  - 3. Assault.
  - 4. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs.
  - 5. Assault by prisoners with intent to incite a riot or participate in a riot.
  - 6. Assault by vicious animals.
  - 7. Drive by shooting.
  - 8. Assaults on officers or fire fighters
  - 9. Discharging a firearm at a structure.
  - 10. Indecent exposure.
  - 11. Public sexual indecency.
  - 12. Lewd and lascivious acts.
  - 13. Criminal damage.
  - 14. Aggravated criminal damage.
  - 15. Theft.
  - 16. Unlawful use of means of transportation.
  - 17. Theft by extortion.
  - 18. Shoplifting.
  - 19. Unlawful failure to return rented property.
  - 20. Issuing a bad check.
  - 21. Forgery.
  - 22. Criminal possession of a forgery device.
  - 23. Obtaining a signature by deception
  - 24. Criminal impersonation.
  - 25. Theft of a credit card or obtaining a credit card by fraudulent means.
  - 26. Receipt of anything of value obtained by fraudulent use of a credit card.
  - 27. Forgery of a credit card.
  - 28. Fraudulent use of a credit card.
  - 29. Possession of any machinery, plate or other contrivance or incomplete credit card.
  - 30. False statement as to financial condition or identity to obtain a credit card.
  - 31. Fraud by person authorized to provide goods or services.
  - 32. Credit card transaction record theft.
  - 33. Bribery of a public servant.
  - 34. Trading in public office.
  - 35. Commercial bribery.
  - 36. Improper influence on a public officer or employee for consideration.
  - 37. Misconduct involving weapons.
  - 38. Misconduct involving explosives.
  - 39. Depositing explosives.
  - 40. Misconduct involving simulated explosive devices.
  - 41. Concealed weapon violation.
  - 42. Enticement of any persons for purposes of prostitution.
  - 43. Procurement by false pretenses of any person for purposes of prostitution.
  - 44. Procuring or placing persons in a house of prostitution.
  - 45. Receiving earnings of a prostitute.
  - 46. Causing one's spouse to become a prostitute.
  - 47. Detention of persons in a house of prostitution for debt.
  - 48. Keeping or residing in a house of prostitution or employment in prostitution.
  - 49. Pandering.
  - 50. Transporting persons for the purpose of prostitution or other immoral purposes.
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Yes No

- 51. Possession and sale of peyote.
- 52. Possession and sale of a vapor-releasing substance containing a toxic substance.
- 53. Sale of precursor chemicals.
- 54. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs on school grounds or near schools.
- 55. Manufacture or distribution of an imitation controlled substance.
- 56. Manufacture or distribution of an imitation prescription-only drug.
- 57. Manufacture or distribution of an imitation over-the-counter drug.
- 58. Possession or possession with intent to use an imitation controlled substance.
- 59. Possession or possession with intent to use an imitation prescription-only drug.
- 60. Possession or possession with intent to use an imitation over-the-counter drug.
- 61. Manufacture of certain substances and drugs by certain means.
- 62. Adding poison or other harmful substance to food, drink or medicine.
- 63. Dropping objects from an overpass.
- 64. A criminal offense involving criminal trespass and burglary under Title 13, Chapter 15.
- 65. A criminal offense involving lknness and commercial frauds under Title 13, Chapter 22.
- 66. A criminal offense involving organized crime and fraud under Title 13, Chapter 23.
- 67. Child neglect.
- 68. Neglect of a vulnerable adult.
- 69. Misdemeanor offenses involving contributing to the delinquency of a minor.
- 70. Driving under the influence of intoxicating liquor or drugs as prescribed in A.R.S. 6 28-1381 or extreme driving under the influence of intoxicating liquor or drugs as prescribed in A.R.S. 5 28-1382 or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in A.R.S. 0 28-1383.
- 71. Offenses involving domestic violence.

The offenses and statutory references listed on the previous pages may be modified at any time due to legislative action. For the current list of legislatively mandated precluded offenses refer to A.R.S. § 41-1758.03.

If the Department of Public Safety is unable to determine within fifteen business days of receipt of the person's state and federal criminal history record information whether the person is awaiting trial on or has been convicted of committing any of the offenses listed above, the department MAY NOT issue a Class I Fingerprint Clearance Card (A.R.S. § 41-1758.03.0). However, the person MAY request a good cause exception hearing pursuant to A.R.S. § 41619.55.

APPLICANT'S NAME <i>(Please print)</i>	DATE
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### NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

*Applicant's Signature*

state of Arizona, county of \_\_\_\_\_

Subscribed and sworn before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ (year). My commission \_\_\_\_\_

\_\_\_\_\_  
Notary Public's *Signature*

## **DIRECT CARE VOLUNTEER JOB DESCRIPTION**

### **MAJOR OBJECTIVE:**

To provide consistent and caring attention and support to the children residing in the Child Crisis Center.

### **VOLUNTEER QUALIFICATIONS:**

1. Must be at least 16 years of age.
2. Must have completed the Direct Care Volunteer screening and training.
3. Must commit to 1 shift per week.
4. Must commit to a 1 year term of service.
5. Need to display a genuine interest in the welfare of children.
6. Must possess ability to interact with and care for children.
7. Must be able to work cooperatively with Child Care Specialists, fellow Volunteers and the Volunteer Program Manager.
8. Be supportive and caring toward the children.
9. Model appropriate behavior.
10. Work effectively as a team member with staff and fellow volunteers.

### **AREAS OF VOLUNTEER INVOLVEMENT:**

#### **DIRECT CARE VOLUNTEERING**

1. Take part in daily activities on the shelter units.
2. Assist staff with light household duties.
3. Assist staff with meals, entertaining children, etc.
4. When attending a field trip, for their safety, assist with careful control of the children.
5. Assist in preparing and organizing arts and crafts activities with the children.

#### **TUTORING/HOMEWORK**

1. Assist staff person in helping children with homework and skill development activities that fit child's capabilities.
2. Offer learning techniques and tips to aid children.
3. Encourage and praise children for hard work and completing tasks.

### **IMPORTANT POLICIES APPLYING TO VOLUNTEERS**

1. Volunteers will never be left alone on the unit with the children; a staff person must always be there.
2. Only the staff may issue discipline to the children. Volunteers will never raise their voice or their hand to a child.
3. Staff members present on the unit will supervise volunteers. Volunteers will follow their instructions as all times. This allows for consistency with the children.
4. Volunteers may not be judgmental of anyone in this Center.
5. Volunteers should discreetly remove themselves when a child has a visitor.
6. Confidentiality is of utmost importance; volunteers do not share any privileged information with anyone, including the child's family members. Volunteers are not to ask staff about the children's personal background.
7. Volunteers never open a door for someone at the Center.
8. Volunteers never answer the phone while at the Center.
9. Volunteers are to abide by the modest dress code while at the Center.