

PLEASE RETURN TO: RUTH AMERSON  
ANOTHER CHOICE FOR BLACK CHILDREN, INC.  
2340 BEATTIES FORD ROAD  
CHARLOTTE, NC 28216

## ANOTHER CHOICE FOR BLACK CHILDREN, INC. VOLUNTEER APPLICATION

ANOTHER CHOICE IS A NON-PROFIT ORGANIZATION THAT WORKS TO SECURE PERMANENT FAMILIES FOR AFRICAN AMERICAN AND OTHER SPECIAL NEEDS CHILDREN. MANY OF THESE CHILDREN ARE IN THE FOSTER CARE SYSTEM AND ANOTHER CHOICE IS THEIR LAST HOPE TO FIND A PLACE TO CALL HOME.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SSN# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

NAME OF CHURCH / SYNAGOGUE/ ORGANIZATION \_\_\_\_\_

PERSON TO BE CONTACTED IN CASE OF EMERGENCY OR ILLNESS:

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

ADDRESS \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

WOULD YOU PREFER TO WORK DIRECTLY WITH CHILDREN? \_\_\_\_ YES \_\_\_\_ NO

CHECK THE POSITIONS YOU ARE APPLYING FOR:

TUTOR \_\_\_\_ MENTOR/MECCA \_\_\_\_ KIDS NIGHT OUT \_\_\_\_ FOR DADDIES ONLY \_\_\_\_ TEEN  
KONNECTION \_\_\_\_ SISTER 2 SISTER \_\_\_\_ COMMUNITY OUTREACH WORKER \_\_\_\_  
DRIVER (USING YOUR VEHICLE) \_\_\_\_ DRIVER (USING AGENCY VEHICLE) \_\_\_\_ OFFICE  
HELPER (FILING, TYPING, ANSWERING THE TELEPHONES, ETC.) \_\_\_\_

**AVAILABILITY FOR VOLUNTEER WORK  
(PLEASE INDICATE THE DAYS OF THE WEEK AND THE HOURS YOU CAN VOLUNTEER)**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

**PERSONAL REFERENCES  
(ONE REFERENCE MAY BE A FAMILY MEMBER)**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ YEARS KNOWN/RELATIONSHIP \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ YEARS KNOWN/RELATIONSHIP \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ YEARS KNOWN/RELATIONSHIP \_\_\_\_\_

**In order to be considered as a volunteer, I am willing to provide the following: Drivers License, DMV Check, Police Record Check, TB Skin Test, Drug screening to be completed within 60 days, and a Confidentiality Statement. I state that all the information I have given is correct to the best of my knowledge. I give permission for Another Choice to review my background. I understand that my volunteer position may be terminated without my permission.**

**ANOTHER CHOICE FOR BLACK CHILDREN  
VOLUNTEER APPLICATION**

**Please complete the statement below.**

**AS A VOLUNTEER, I CAN IMPACT A CHILD'S LIFE BY...**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Received by</b> _____ <b>Date</b> _____
<b>Reviewed by</b> _____ <b>Date</b> _____
<b>Response:</b> _____ <b>Accepted for further follow-up</b>
_____ <b>Other</b>