

# 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.

In order to be considered as a volunteer, I am willing to provide the following: Driver's 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.

### YOUR INFORMATION:

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

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPE 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 CONNECTION \_\_\_\_

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 \_\_\_\_\_

Please complete the statement below.

As a volunteer, I can impact a child's life by...

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

Staff Only

Received by _____	Date _____
Reviewed by _____	Date _____
Response: _____ Accepted for further follow-up	
_____ Other	