



Girls In Action, Inc.

"All Kids Are Our Kids"

girlsinactioninc@yahoo.com (email)

Empowering girls of today to become leaders of tomorrow.

59 L ST NW • WASHINGTON DC 20001-1361

TEL (202) 489-1305

VOLUNTEER APPLICATION

Name _____ Birth Date _____

Address _____ Home Tel. _____

City _____ State _____ Zip Code _____ Alt. Tel _____

In Case of Emergency, Please Contact _____ Tel. _____

Are you interested in working with or mentoring Elementary School (ages 8 -11) Middle School (ages 11- 14), or High School (ages 15-18)? _____ If yes, which age group? _____

What brought you to be interested in volunteering? _____

Have you volunteered with Girls In Action? Yes/No (circle one)

If yes, when? _____ In what capacity or program? _____

Have you had experience working with youth? _____

If yes, what kind of experience? _____

Please list any prior or current volunteer experience. _____

Area in which you would most like to serve and/or have any special skills:

_____ In the community	_____ Book Club	_____ Program Development
_____ Homework assistance	_____ Cooking	_____ Graphics/Printing
_____ Reading	_____ Workshops	_____ Business
_____ Music, Theatre, dance	_____ Arts and crafts	_____ Fundraising
_____ Outdoor activities	_____ Rap Sessions	_____ Cultural Awareness
_____ Computer Technology	_____ Etiquette	_____ Counseling/Coaching
_____ Field Trips or Special Events		

What are your other interests or hobbies? _____

Anything else we should know about you? _____

References: Please list at least (1) personal and (1) professional reference

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone#: _____

For Office Use Only:

Start Date: ____/____/____ Placement: _____ GIA Sisters Match Date: ____/____/____

GIA Girl: _____ School: _____

Background Information:**(please circle one)**

Do you have a valid driver's license?	YES / NO
Do you own a motor vehicle?	YES / NO
If yes, do you have auto insurance?	YES / NO
Has your driver's license ever been suspended or revoked?	YES / NO
Have you ever been convicted of a criminal offense?	YES / NO
Are there any pending criminal charges against you?	YES / NO
Do you use illegal drugs?	YES / NO
Have you ever been charged with child neglect or abuse?	YES / NO
Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children/adolescents?	YES / NO

If you answered yes to any of the above, please explain:**Auto Insurance Verification**

Girls In Action volunteers must carry auto insurance in the amount required by the state. This is mandatory in order to provide excess auto liability protection while in the course of Girls In Action agency activities.

Insurance Agency _____	Full Coverage or Liability _____
Insurance Agent Name _____	Phone _____

Interview / Photo Release Statement

☐ I hereby consent to and authorize the use of any information, quotes, photos and television images that are taken of me for purposes related to Girls In Action, Inc. and its programs. I understand that I will not receive payment for any photos, interviews or video taken of me. I also agree that my name may accompany quotes, photos or videos that are deemed appropriate by Girls In Action, Inc. Information may be stored in a digital format.

☐ I do not consent to the use of any information, quotes, photos or television images.

Print Name _____	Signature _____	Date _____
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Release of Liability**Please read carefully before signing this application:**

I understand that it is an application for and not a commitment or promise to volunteer. I certify that I have and will continue to provide information throughout the selection process that is true, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified, if necessary, by Girls In Action contacting any person or organization that may have information concerning me. I release and agree to hold harmless from liability any person or organization that provides my immediate rejection as an applicant for a volunteer position as a mentor or my termination as a volunteer.

Print Name _____	Signature _____	Date _____
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Thank you for completing this application. Please mail to or email to::
Girls In Action, Inc. * 59 L ST NW * Washington DC 20001-1361
Tel: (202) 489-1305 * Email: girlsinactioninc@yahoo.com



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Volunteer Criminal Background Check Authorization Form

Please print clearly. P.O. Boxes are not accepted for criminal background check purposes. List full name(s), address and phone numbers.

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: ____-____-____ SEX: ____

STREET ADDRESS: _____ APT: ____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE #: _____

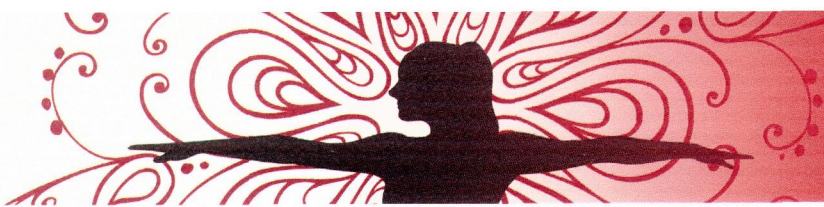
STATE DRIVER'S LICENSE WAS ISSUED: _____

I, _____ acknowledge and understand that I am responsible for obtaining and paying for my very own criminal background check. I acknowledge that my background check documentation(s) must be submitted with my application in order for my volunteer and/or mentor application to be reviewed by Girls In Action, Inc. I hereby authorize Girls In Action's investigative company to procure an investigative consumer report, which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

www.girlsinaction.org



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VOLUNTEER INFORMED CONSENT/CONFIDENTIALITY

I, _____ acknowledge and understand that I am not obligated if called upon to perform the volunteer services applied for herein; that GIRLS IN ACTION, INC. is not obligated to assign or actively seek to assign me a volunteer position. I have given necessary information and permission to GIRLS IN ACTION to complete all references and background checks required by the agency. I understand that the results of the background checks, as well as any other information pertaining to me including; written application, references, interview records, and any other records are from this date forward the property of GIRLS IN ACTION. I understand that I may not review these records nor receive a copy of them, and that the records will be kept confidential, accessible by staff of GIRLS IN ACTION only, unless subpoenaed by court order, or reviewed for quality assurance purposes by accreditation organizations or agency funding sources. I understand that if I accept a volunteer position assigned to me, that GIRLS IN ACTION or I may terminate my position at any time.

Signature of Volunteer Applicant

Date Signed

Name of Volunteer Applicant (please print)