

StreetWise Georgia Volunteer Application

Background Check Ordered _____

Received _____

Application Approved Date _____

This Volunteer Application helps StreetWise provide a safe and secure environment for those who participate in our programs and use our facilities. *Please complete the form thoroughly so that we can process it quickly. Thank you!*

1. Name: _____
(Please Print) Last First Middle Initial Name you preferred to be called

2. E-mail Address: _____ Date: _____

3. Cell Phone: _____ Home Phone: _____ Work Phone: _____

4. Present Address: _____ How Long at Present Address? _____

City: _____ State: _____ Zip: _____ County: _____

Former Address _____ How Long at Former Address? _____

City

State

Zip

5. D.O.B. ____/____/____ Gender: _____ Marital Status: Single, Married, Divorced, Widowed
(Please circle one)

6. Driver's License #: _____ State of Issue: _____ Expiration Date: ____/____/____

7. Social Security #: _____

8. How did you hear about StreetWise? _____

9. Area(s) of experience, hobbies, or interest that may be of value as a volunteer: _____

10. Day(s) of the week and hours of availability: _____

Available Thursday pm 5:30-8:30?

Yes No

Available 2nd Saturday 9am-12pm?

Yes No

11. Are you being seen or treated by anyone in the medical profession for physical, emotional, or mental health issues that may affect projects or jobs assigned to you as a volunteer? If yes, please explain

12. Have you had a **Background Check** in the last year? Yes No If yes, what was the date _____ & can you provide a copy? ____ (Yes or No) What profession or job required your Background Check? _____

13. Have you ever been known by any other name? (Maiden name, alias, etc.) Yes No

If yes, list all other names. Include maiden name. Use a separate page if needed:

14. Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation? Are there any charges currently pending against you? Yes No If yes, please explain (use a separate page if needed):

15. Is there any reason, including those that are physical, emotional, or mental health related, that might keep you from effectively working with children/youth, or that may cause a child potential harm? Yes No

If yes, please explain: _____

16. Have you ever been addicted to, or concerned that you were addicted to, drugs, prescription medication, alcohol, pornography, or any other harmful addiction? Has anyone ever suggested that you may have a problem with any of the above?

Yes No If yes, please explain: _____

17. Do you presently use illegal drugs, alcohol, or tobacco of any kind?

Yes No If yes, please explain: _____

18. List volunteer work you have participated in (*Church group, sports, youth group, music, other non-profits, etc.*)

Organization Name & Address	Phone	Area of Service	Dates of Service

19. Church You Attend: _____ How Long? _____

City

State

Church Website

Ministry Area(s) You Are Involved With _____ Contact Person(s): _____

20. Are you a member of a Small Group Fellowship (Sunday school class)? Yes No

If yes, name of group or focus: _____

21. List places of employment in the past 5 (five) years (*Use separate page if needed*) If retired, list final place of employment.

Name & Address	Phone;E-Mail	Position	Dates Employed

22. Give three (3) Personal References (*references need to be 18 years old and over and a non-family member*)

If you are in a small group, include 1 person from this group.

1. Full Name: _____ E-mail: _____

Phone #: _____

2. Full Name: _____ E-mail: _____

Phone #: _____

3. Full Name: _____ E-mail: _____

Phone #: _____

READ CAREFULLY

In consideration of the receipt and evaluation of this application by StreetWise Georgia, Inc., I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize StreetWise Georgia, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, driver record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as a volunteer now and during my tenure as a volunteer with StreetWise Georgia, Inc.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

StreetWise Georgia is a Christian 501c3 non-profit and governs itself on Biblical principle. This may expose an individual to prayer, devotions, and associated conversations. No volunteer is required to participate. No one is denied to volunteer based upon their religion and/or spiritual beliefs.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I have received and read the StreetWise Georgia Child Protection Policies. Please initial here: _____ (Required for Approval)

Applicant's Signature: _____

Date: _____

Volunteer Coordinator's Signature: _____

Date: _____



StreetWise Georgia

Organization Policy

Child Abuse and Sexual Abuse

This policy is being implemented by StreetWise Georgia to assist in protecting the children in our ministry and those children who may visit our ministry and participate in ministry activities. The Staff of StreetWise is committed to maintaining an environment in which children are guarded from physical and sexual abuse, and in which Staff members and Volunteers are protected from false allegations of abuse.

Definitions as used in the Policy:

- A. "Child Abuse" means:
 - a. Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to child;
 - b. Neglect or exploitation of a child by a parent or caretaker thereof;
 - c. Sexual abuse of a child; or
 - d. Sexual exploitation of a child
 - e. However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenants and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered an "abused" child.
- B. "Child" means an individual under the age of 18 years.
- C. "Law enforcement agency" means a state, county, or municipal police department, bureau, or agency.
- D. "Sexual Abuse" means a person's employing, using persuasion, inducing, enticing, or coercing any minor who is not that person's spouse to engage in an act which involves:
 - a. Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
 - b. Bestiality;
 - c. Masturbation;
 - d. Lewd exhibition of the genitals or pubic area of any person;
 - e. Flagellation or torture by or upon a person who is nude;
 - f. Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
 - g. Physical contact in an act of apparent sexual stimulation of gratification with any person's clothed or unclothed genitals, pubic area, or buttocks with a female's clothed or unclothed breasts;
 - h. Defecation or urination for the purpose of sexual stimulation; or
 - i. Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.
- E. "Sexual exploitation" means conduct by a child's parent or caregiver who allows, permits, encourages, or requires that a child engage in:
 - a. Prostitution, as defined in Code Section 16-6-9; or
 - b. Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.
- F. "Social Services Agency" means:
 - a. The State Department of Social Services; or
 - b. The department of public welfare or social services of any county or municipality in this State.

Training and Supervision of Staff Members and Volunteers:

- A. StreetWise will provide an orientation class for all staff members and volunteers who will be working with children in the ministry. This policy, including the applicable state reporting requirements, will be explained to the staff and volunteers during the orientation class.
- B. Any inappropriate conduct or behavior between a staff member or volunteer and a child will be reported to the President or Vice President as well as the individual who is responsible for supervising the staff member or volunteer in question, investigate the matter, and take the appropriate action. Such action may include a verbal or written warning, suspension from duties, or termination. If the inappropriate conduct or behavior involves a suspected incident of abuse, the incident shall be handled in accordance with the Response of Child Abuse section.
- C. All chaperones and supervisors for overnight activities must be approved in advance by the President or Vice President.
- D. Any adult who has been convicted of, or pleaded guilty to a child abuse crime will not be permitted to work in any part of the ministry.



Ambassador Information

Name: _____ Birthday: _____

Address: _____
(Street Address or P.O. Box)

(City) (State) (Zip code)

Emergency Contact: _____

Relationship: _____

Phone: _____

CONTACT INFORMATION

Home Phone: _____ Mobile Phone: _____

E-Mail Address*: _____

*By providing your email address you are authorizing StreetWise to contact you by email via our account with Mail Chimp

Profession by trade: _____

Area of Interest (Please circle all that apply):

- Phone Room/Clerical
- Greeting Desk
- Intake Counseling
- Clothing Room
- Food Room
- Food Warehouse
- Clothing Warehouse
- Pick-ups/Deliveries

Hours of Interest (Please circle all that apply):

Monday	9:30AM-12:30PM	12:30PM-3:00PM
Tuesday	9:30AM-12:30PM	12:30PM-3:00PM
Wednesday	9:30AM-2:30PM	
Thursday	9:30AM-12:30PM	12:30PM-3:00PM
Friday	9:00AM-3:00PM	

Other (Please list days and times): _____

