

G.A.P. - Gang Awareness & Prevention

Volunteer Application

Attn. Randal Broadhurst
8359 Elk Grove-Florin Rd. ste.103-400
Sacramento, Ca. 95829

Phone: 916-804-7980
Email: gapgangs@gmail.com

Background Information Request (type or print clearly in ink)
Please complete all sections to avoid delay in processing your application.

First Name _____ Last _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Telephone (____) - _____ - _____ Other contact number (____) _____ - _____

Gender _____ Height _____ Weight _____ Hair _____ Eyes _____

Date of Birth _____ Birthplace _____ Maiden or other name used _____

E-mail address _____ Social Network address(s) _____

Occupation _____ Employer _____ Phone _____

Length of Employment _____ Can you be contacted here? Yes ____ No ____

Describe your health/ other limitations: _____

Highest Grade completed _____ School _____ City _____

Special Courses and/ or Degrees: _____

Languages spoken fluently _____

Hobbies & Skills _____

Organizational affiliations, clubs, etc. _____

Previous Volunteer experience: _____

Conviction of a crime is not necessarily a bar to becoming a volunteer. Each case is considered separately based on volunteer requirements. Have you ever been convicted by any court of an offense? Yes ___ No ___ Omit minor traffic violations (*Note: Drunken driving, reckless driving, hit & run are not minor violations*). Include juvenile, adult, and military offenses. If "Yes" please furnish the following information:

Date	Offense	City/State	Disposition

Automobile Insurance Information: It is necessary for you to have the following insurance coverage for your protection should you transport another person: Public liability: \$15,000-\$30,000/ Property Damage: \$10,000 **Sufficient public liability and property damage insurance at least equal to the requirements of the financial responsibility laws of the State of California (Vehicle Code Section 16430)** Does your policy meet requirements: _____

Has your policy ever been cancelled, rescinded or lapsed? Yes ___ No ___

Name of Insurance Company: _____ Policy # _____

Agent's Name _____

Address _____ Phone (____) _____ -- _____

Drivers License # _____ Expiration Date _____ Vehicle License# _____

Has your license ever been revoked or suspended? Yes ___ No ___ Why? _____

Where did you hear about us? _____

References Please give the names, addresses and phone numbers of two people. One must be who is neither a relative nor someone living with you.

1) Name _____
 Address _____ City _____ State ___ Zip _____
 Phone (____) _____ - _____ E-mail _____

2) Name _____
 Address _____ City _____ State ___ Zip _____
 Phone (____) _____ - _____ E-mail _____

Volunteer Permission

I _____ give my permission for G.A.P. Gang Awareness & Prevention to request a reference for volunteering from the above named person(s).

Signed _____
 (Applicant's signature)

Date _____

Do you know anyone who is in a gang, affiliated with a gang or has been involved in gang activity? Yes___ No___
Name: _____ Relationship: _____ Gang: _____

Are you or have you ever been affiliated with a gang? Yes___ No___
Explanation: _____

Volunteer Restrictions and Expectations

- 1) Volunteers are expected to conduct themselves, at all times, in a manner avoiding any hint of abuse of their official position.
- 2) Volunteer’s identification cards shall not be used for personal advantage or to obtain services or information that isn’t directly related to their official duties.
- 3) Volunteers shall not accept gifts or money from anyone for personal benefit when related to their official duties.
- 4) All information concerning clients shall be strictly confidential, except in situations where the volunteer is mandated to report.
- 5) Volunteers shall not knowingly participate in any personal or business relationships with clients.
- 6) Volunteers shall not take any client on any social or recreational activity without prior approval. If the client is of the opposite sex, there must be another staff or volunteer present.
- 7) Volunteers will report to the program coordinator in charge of their assignment any information they receive concerning a) criminal conduct of clients; b) Abuse/neglect of children or elders.
- 8) Volunteers shall abide by all the rules and regulations established by the specific probation officer to which client is assigned.
- 9) Violation of any of the above provisions may result in the volunteer being terminated from the program.

Volunteer Commitment & Release

*I hereby agree to offer my services as a volunteer/student intern to the non-profit organization called G.A.P-Gang Awareness & Prevention. I further agree that if any services involve transportation of any person, I will carry adequate liability insurance on my vehicle and use seat belts. If required, I am also willing to complete any training course provided for the type of volunteer program I am involved with. I will submit monthly or weekly reports to G.A.P. supervision regarding my assigned responsibilities, and will keep all the information concerning clients **CONFIDENTIAL**. I further grant my permission for G.A.P. to make background, criminal and vehicle record checks, which is standard procedure for all new volunteers. I also agree to pay for the criminal background check.*

*I, VOLUNTEER, WAIVE, RELEASE AND DISCHARGE from (A) any and all liability, including but not limited to, liability result from the negligence or error of the entities, persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **G.A.P.- Gang Awareness & Prevention; Lighthouse Ministries** and/or their directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors and volunteers: (B) INDEMINFY, HOLD HARMLESS AND A PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.*

I understand while volunteering, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I hereby certify that all statements made on this application form are true and to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal.

Signature _____ Date _____

Please indicate the program(s) you are volunteering for:

- Mentoring
- Teaching
- Gang Prevention
- Internship
- Tutoring
- Other

Volunteer Information

1. Where did you hear about us? _____

2. What days and hours are you available?

Day of Week	From (indicate hour)	To (indicate hour)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. Why are you interested in a volunteer position with G.A.P? _____

4. Additional comments or information you believe would help us in reviewing your application:

Below is for G.A.P. staff notes: _____
