



The National Center for Missing & Exploited Children

Volunteer Application

Thank you for your interest in becoming a volunteer at the National Center for Missing & Exploited Children (NCMEC). Volunteers contribute substantially to the work of NCMEC, and NCMEC's staff work closely with volunteers to make the experience as rewarding as possible.

NCMEC is a private, nonprofit organization, mandated by the United States (U.S.) Congress and works in cooperation with the U.S. Department of Justice through their Office of Juvenile Justice and Delinquency Prevention. It is a vital resource for law-enforcement agencies throughout the country in the search for missing children and quest for child protection. Since its creation in 1984, NCMEC has worked with law-enforcement agencies on more than 148,160 missing-child cases resulting in the recovery of more than 132,300 children.

NCMEC's staff is composed of dedicated professionals with many years of experience in relevant areas. As the workload of NCMEC continues to grow and resources are continually being stretched, the contributions of volunteers are extremely important. NCMEC volunteers who share the same belief in our goals help to make the success stories happen.

NCMEC honors The Volunteers for Children Act, which was signed by President Clinton on October 26, 1998. This act allows any youth-serving volunteer agency to complete a criminal history background check through the Federal Bureau of Investigations (FBI). Much of NCMEC’s work involves activities that are confidential. A breach of the trust that has been established over the years between NCMEC and its clients could adversely affect the prosecution of a case or even the successful recovery of a child. Thus, NCMEC requires a background check be completed for all volunteer applicants.

***** IMPORTANT - PLEASE READ *****

The following volunteer application is ONLY for volunteers who live within driving distance of NCMEC offices. For a complete listing of NCMEC office locations please refer to Page 6.

Name _____

Last

First

Middle

Address _____

Street

Apartment/Unit

City

State

Zip Code

Daytime Telephone _____ Evening Telephone _____

Facsimile _____ E-mail address _____

List other names which you are known by _____

Location and Date of Birth _____ / _____ / _____ Social Security Number _____

Do you drive? Yes___ No___ License # _____ State _____

Do you have access to transportation if you do not drive? Yes_____ No_____

In case of an emergency while volunteering, please list someone we may call on your behalf.

Name _____ Relationship _____

Telephone: Daytime _____ Evening _____

Why do you wish to volunteer for NCMEC? _____

How did you hear of this volunteer opportunity? _____

Have you previously submitted an employment or volunteer application to NCMEC? Yes_____ No_____

If so, please indicate date(s) and position applied for _____

Have you ever been employed by the National Center for Missing & Exploited Children? Yes_____ No_____

If yes, please provide:

Dates of Employment _____ Position/Title _____ Name of Supervisor _____

EDUCATIONAL BACKGROUND

College/University

Name of Institution _____

Dates Attended _____

Degree/Major _____

Year Conferred _____

High School

Name of Institution _____

Dates Attended _____

Diploma Awarded Yes _____ No _____

Other

Name of Institution _____

Dates Attended _____

Field of Study _____

CURRENT EMPLOYMENT OR VOLUNTEER POSITION(S)

Please list all current employers, dates of employment, position(s) held, description of work performed, name(s) of supervisors, firm's complete address, and applicable telephone numbers.

Employer or Volunteer Organization _____

Address _____

Number

Street

City

State

Zip Code

Telephone Numbers _____

Name and Title of Supervisor _____

Job Title/Position _____

Dates of Employment: From _____ To _____

Position Description—*Please summarize responsibilities.*

In addition, please list the last three volunteer organizations or employers beginning with the most current.

1. Organization _____ From _____ To _____

Address _____

Position _____ Supervisor _____ Telephone _____

2. Organization _____ From _____ To _____

Address _____

Position _____ Supervisor _____ Telephone _____

3. Organization _____ From _____ To _____

Address _____

Position _____ Supervisor _____ Telephone _____

REFERENCES

List three references (not related to you) who have known you for five years or more.

1. Name _____ Daytime Telephone _____

Address _____

2. Name _____ Daytime Telephone _____

Address _____

3. Name _____ Daytime Telephone _____

Address _____

Have you ever been CONVICTED of a FELONY or MISDEMEANOR? YES _____ NO _____
If YES, explain below.

AVAILABILITY

Date available to start volunteering for NCMEC: Month _____ Day _____ Year _____

Please indicate your approximate days and hours of availability.

Days: MON _____ TUE _____ WED _____ THU _____ FRI _____ SUN* _____ SAT* _____

Hours per week _____

*Headquarters office cannot accept weekend volunteers at this time.

List any special skills, licenses, certifications, trade, awards, publications, or other related items.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Law | <input type="checkbox"/> Statistical Research |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Translation/Languages |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Library Research | <input type="checkbox"/> Typing _____ WPM |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Microsoft® Office | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> Photography | _____ |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Public Speaking | _____ |
| <input type="checkbox"/> Internet Research | <input type="checkbox"/> Receptionist | _____ |

Please check the volunteer opportunity that you would like to participate in.

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Fund-Raisers/Special Events | <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Library Maintenance | <input type="checkbox"/> Case Assistance | |
| <input type="checkbox"/> Legislative Assistance | <input type="checkbox"/> General Office Work | |

PLEASE CIRCLE THE LOCATION WITH WHICH YOU WOULD LIKE TO VOLUNTEER AND MAIL YOUR COMPLETED APPLICATION TO THE APPROPRIATE NCMEC BRANCH OFFICE, ATTENTION: VOLUNTEER COORDINATOR.

NCMEC/California

18111 Irvine Boulevard, Suite C
Tustin, CA 92780-3403
714-508-0150 (*telephone*)
714-508-0154 (*facsimile*)

NCMEC/Metropolitan NY Office

750 Elmont Road
Elmont, NY 11003
718-222-5888 (*telephone*)
718-222-5889 (*facsimile*)

NCMEC/Florida

9176 Alternate A1A
Lake Park, FL 33403-1445
561-848-1900 (*telephone*)
561-848-0308 (*facsimile*)

NCMEC/New York (Rochester & Mohawk Valley)

275 Lake Avenue
Rochester, NY 14608-1042
585-242-0900 (*telephone*)
585-242-0717 (*facsimile*)

NCMEC/Austin, TX

Mailing Address: PO Box 204330, Austin, TX 78720-4330
8668 Spicewood Springs Road, Suite 200, Austin, TX
78759
512-465-2156 (*telephone*)
512-428-6927 (*facsimile*)

NCMEC Headquarters

Charles B. Wang International
Children's Building
699 Prince Street
Alexandria, VA 22314-3175
1-877-446-2632 (*telephone*)
703-274-2095 (*facsimile*)
interns@ncmec.org

VOLUNTEER AGREEMENT

As a nonprofit organization, much of our success depends on our ability to have exclusive use of any publications or other work you may create for the benefit of NCMEC while you are volunteering. Our ability to control the information and work product created for the benefit of NCMEC helps us protect our name and enhance our effectiveness as advocates for children. That is why we are asking you to read and sign the agreement below.

- 1. You hereby acknowledge NCMEC to be the sole, exclusive, and perpetual owner of any ideas, concepts, plans, creations, or work product (collectively the "Works") produced for NCMEC, which ownership shall entitle NCMEC, among other things, to all rights, title, and interest in and to the copyright of the Works and all reproductions thereof, including the right to transform, alter, or adapt the Works and to create derivative works thereof. You and NCMEC expressly agree that the Works shall be considered a "work made-for-hire" as that term is used in the United States copyright law. To the extent that you may be deemed to have any right, title, or interest in the Works under the United States or foreign law, you hereby assign these rights to NCMEC. In addition, you hereby waive any so-called "moral rights" with respect to the Works.

You agree that you shall not reproduce or authorize reproduction, publication, or use of the Works without the prior consent of NCMEC.

- 2. You may request of NCMEC the right to make limited reproduction, at your own expense, of the Works for noncommercial use consistent with NCMEC's mission, but NCMEC shall have absolute discretion whether or not to accede to your request and exercise of such discretion shall not be questioned by you before any court or tribunal whatsoever. In the event that such permission is granted, NCMEC will charge no fee for the use of the Works.
- 3. You warrant and represent that the Works will be original and created by you, that publication and use thereof will not infringe any copyright or any other right of any person or entity or be otherwise unlawful. You agree to indemnify and hold harmless NCMEC and its licensees from any claim, damage, loss, or expense (including reasonable attorney's fees) arising out of any foregoing warranties or representations.
- 4. You agree that any information for which you become aware through any activity performed as part of your duties or responsibilities under this agreement shall remain confidential and shall not be disclosed to any third party without NCMEC's prior written consent.
- 5. This Agreement shall constitute the entire agreement between the undersigned and NCMEC and may be altered only by a subsequent written agreement signed by both parties. The laws of the Commonwealth of Virginia shall govern this agreement.

If the foregoing terms are acceptable to you, please indicate by signing and returning this agreement with the rest of your application. Make sure you retain a copy of the signed agreement for your own records.

Signed and sworn to before me this _____ day of _____ 20____

Signed _____
Witness _____

Notary

AUTHORIZATION TO RELEASE INFORMATION

By signing the statement below, you certify that the information you have supplied us is true and correct to the best of your knowledge.

In the consideration of my application for a volunteer position with the National Center for Missing & Exploited Children (NCMEC): (1) I hereby consent to being fingerprinted by a designated representative of a law-enforcement agency for the purpose of NCMEC obtaining information needed to determine my suitability for a volunteer position; (2) I hereby release (a) NCMEC, (b) any and all state and/or federal law-enforcement agencies that are involved in obtaining my fingerprints, and/or investigating my criminal record, and/or communicating results on the investigation to NCMEC, and (c) the representatives, employees, and agents of the aforementioned entities of any and all claims, actions, liabilities whatsoever arising from my being fingerprinted, investigated, and the results of the investigation being communicated to NCMEC.

Further, I agree to maintain the confidentiality of NCMEC's information including its clients, and I understand that any breach of this agreement could be detrimental to the recovery of a child and/or the prosecution of a case involving a missing or exploited child. NCMEC is an "at will" employer, which means that this relationship is strictly voluntary. My relationship with NCMEC can be ended by myself or NCMEC with or without cause or notice, at any time.

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to release to the National Center for Missing & Exploited Children any and all information or records requested by the National Center for Missing & Exploited Children regarding my relationship to such person, firm, organization, or corporation including, but not necessarily limited to employment records, military records, criminal information records (if any), in connection with my application to be a volunteer for the National Center for Missing & Exploited Children.

Any person, firm, organization, or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance.

Applicant's Name _____ Date of Birth _____

Applicant's Current Address _____

Applicant's Social Security Number _____

Signature _____ Date _____

Witness to Signature _____ Date _____

