The National Center for Missing & Exploited Children

Volunteer Application

The National Center for Missing & Exploited Children, (NCMEC), is a private, (501)(c)(3) nonprofit organization which was created in 1984. The mission of the organization is to serve as the nation’s resource on the issues of missing and sexually exploited children. The organization provides information and resources to parents, law enforcement, children, and other professionals.

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. This application is ONLY for those who are able to volunteer at one of our NCMEC offices. For a complete listing of NCMEC office location, please refer to our web site: www.missingkids.com.

To apply, please carefully complete the attached form and return it via mail or fax.

Mail to: National Center for Missing & Exploited Children
Attn: Human Resources/Volunteer Coordinator
Charles B. Wang International Children’s Building
699 Prince Street
Alexandria, VA 22314-3175

Fax to: 571-482-3390

Should you need additional information, please visit us online at www.missingkids.com - found by following the Who We Are tab, Join Our Team link, Volunteer opportunities section, or contact the Volunteer Coordinator at the National Center for Missing & Exploited Children at 1-877-446-2632 or interns@ncmec.org.
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 our web site: www.missingkids.com.

Name: ___________________________  Last
First
Middle
Address: __________________________
Street
Apartment/Unit
City
State
Zip Code
Home Telephone: ____________________  Cellular Telephone: ____________________
E-mail address: ____________________

Please indicate which NCMEC office (City, State) you are interested in volunteering at: ____________________

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______
Name of Institution: ____________________  Dates Attended: ____________________
Field of Study: ____________________
CURRENT EMPLOYMENT OR VOLUNTEER POSITION(S)

Please list all current employers or agencies at which you volunteer, dates of employment or volunteer position(s) held, description of work performed, name(s) of supervisors, firm’s complete address, and applicable telephone numbers.

Employer or Volunteer Organization: __________________________________________________________

Address: __________________________________________________________

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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.

☐ Accounting ☐ Law ☐ Statistical Research
☐ Computers ☐ Law Enforcement ☐ Translation/Languages
☐ Database Management ☐ Library Research ☐ Typing _____WPM
☐ Desktop Publishing ☐ Microsoft® Office ☐ Writing/Editing
☐ Graphic Design ☐ Office Equipment ☐ Other
☐ Fund-Raising ☐ Photography
☐ Grant Writing ☐ Public Speaking
☐ Internet Research ☐ Receptionist

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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 that whatever participation you have in connection with authoring, creating, or revising any aspect of any ideas, concepts, plans, creations, or work product (collectively the “Works”) shall be deemed work-for-hire on NCMEC’s behalf, and NCMEC shall hold 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. 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 irrevocably transfer and 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 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.

3. You agree that any information of 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.

4. 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 sign and return this agreement with the rest of your application. Make sure you retain a copy of the signed agreement for your own records.

Signature ___________________________________ Date __________________

Printed Name ___________________________________________
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 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 Printed Name: ____________________________________________________________

Applicant’s Current Address: __________________________________________________________

______________________________________________________________________________

Signature ___________________________ Date __________________________

Witness to Signature ___________________________ Date __________________________