

THE CHILDREN OF THE NIGHT VOLUNTEER PROGRAM

Children of the Night rescues children from prostitution. It is absolutely essential that all volunteers are aware of the sensitivity and confidentiality required to be a volunteer at the Children of the Night shelter home.

Therefore it is important that all applicants thoroughly read and understand the policies before volunteering.

Children of the Night Volunteer Policies

1. Please submit a copy of the following documents with application:
 - a. Driver's license
 - b. Proof of auto insurance
 - c. Proof of TB test results within last year
 - d. Health screening within last year
2. Upon receipt of your completed volunteer application, we will write to the 3 references you have provided. Once 3 references have been received, an appointment will be scheduled for you to visit the shelter and an interview will be conducted.
3. Before starting work as a volunteer at the Children of the Night Shelter, we will carefully explain rules pertaining to work within the Children of the Night organization. It is essential that you abide by these rules. If you do not, your position as a volunteer at Children of the Night could be terminated. It is important that each volunteer is aware of how the program works and what is considered inappropriate within the shelter.

**CHILDREN OF THE NIGHT
VOLUNTEER APPLICATION**

Please complete application & mail to:

Children of the Night
Attn: Jacquelyn Pinedo
14530 Sylvan Street
Van Nuys, CA 91411

Or via email to:

jpinedo@childrenofthenight.org
=====

Name: _____ Date: _____

Address: _____

Email Address: _____

Home Phone: _____ Day Phone: _____

Date of Birth: _____ Sex: Male _____ Female _____

Social Security #: _____ Driver's License #: _____

State of issuance of driver's license: _____ Car insurance? Yes _____ No _____

Insurer: _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, when? _____

For what? _____

CHILDREN OF THE NIGHT VOLUNTEER POSITIONS

Please check all that interest you:

Workshop Volunteer

Organize a 1.5-hour activity for our children on a hobby or special interest (i.e., crafts, makeup, improv comedy, acting, animation, first aid, dance, yoga, jewelry making, magic, origami, self-defense, HIV awareness, etc.). Volunteers are asked to provide all materials necessary for their activity. Workshops are scheduled one month in advance and take place on weeknights from 7pm to 8:30pm.

Please specify a workshop you would be interested in doing: _____

Clerical

Help assemble press kits and volunteer packets in the Children of the Night shelter. Hours available are Monday through Friday 9:00 am to 5:00 pm.

Tutor

Work one-on-one with students under the supervision of our school staff to help with math, writing, and other subjects. Tutors work with school staff at the Children of the Night home to assist students living in the facility as well as those who access our school on-line; basic command of computers and internet is necessary. Hours available are Monday through Thursday 10am to 4pm.

Professional

Need health, psychiatric and social service providers to work by appointment with our children from their own offices, i.e., Doctors, Dentists, Psychologists, etc.

Please specify your profession: _____

Service Professional

Printers, Photographers, Artists, Writers, Advertising Companies, etc. who are willing to provide their services to our organization free of charge.

Please specify which service: _____

Public Speaking

We need volunteers for various public speaking events around the community to assist in elevating awareness about child prostitution in America. Training provided. Hours vary.

Out of State Awareness

We are always in need of out of state volunteers to attend fundraisers and to help raise public awareness for Children of the Night. Every year from September through December we are invited to attend Federal Combined Campaigns to get federal employees to select our charity to donate through their payroll. These campaigns are held in various states. The work entails managing a booth (table and chairs provided), and setting up materials (which we provide such as brochures, posters, T-shirts and giveaway prizes.) The dates are always cleared with volunteers to check availability.

Please specify which City and State: _____

Days and hours available to volunteer:

Mon: _____
Tues: _____
Wed: _____
Thur: _____
Fri: _____
Sat: _____
Sun: _____

Hours: _____
Hours: _____
Hours: _____
Hours: _____
Hours: _____
Hours: _____
Hours: _____

REFERENCES

List three people to whom we may write to request reference letters. Please list people who will take the time to respond to our written request and please do not list relatives. *Failure to do so will hold up the process of your application.*

1) Name: _____ Phone #: _____
Mailing Address: _____ City, State & Zip: _____
Occupation: _____ **Email Address*:** _____
Relationship: _____ Years known: _____

2) Name: _____ Phone #: _____
Mailing Address: _____ City, State & Zip: _____
Occupation: _____ **Email Address*:** _____
Relationship: _____ Years known: _____

3) Name: _____ Phone #: _____
Mailing Address: _____ City, State & Zip: _____
Occupation: _____ **Email Address*:** _____
Relationship: _____ Years known: _____

EMPLOYMENT

Present Employer (Name of Business): _____

Address: _____

Telephone: _____ Supervisor's Name: _____

May we contact?: Yes _____ No _____ Years of Employment: _____

Your Position: _____ Your Duties: _____

MEDICAL

Health is defined as physical and mental well-being. All applicants must be in good health and able to perform the duties involved in volunteer work. If you are currently under a doctor's care for any medical condition including psychiatric treatment, we require your consent to contact your doctor/doctors for release of information concerning your ability to volunteer at Children of the Night.

Name of doctors/doctors: _____

Phone Number(s): _____

Address: _____

May we contact?: Yes _____ No _____ Are you currently under a doctor's care? Yes _____ No _____

If yes, for what reason? _____

Is there any reason you would be unable to safely perform any of the positions for which you are applying? Yes _____ No _____

If yes, please explain: _____

IN CASE OF EMERGENCY

In case of emergency whom should we notify? _____

Relationship: _____ Phone Number: _____

Address: _____

AGREEMENT

I have read and to the best of my ability completed this form. I understand that my application will be reviewed by Staff at Children of the Night to determine in what areas my services can best be utilized. I do understand that any false information on my application may be cause for dismissal from the Children of the Night Volunteer Program. I do understand I will not be accepted for a volunteer position until I have a notification of acceptance and have completed training from Children of the Night.

Signature: _____ Date: _____