

THE CHILDREN OF THE NIGHT WITH OUT WALLS (WOW) VOLUNTEER PROGRAM

In 2011, Dr. Lois Lee, Founder & President of Children of the Night, created “*Children of the Night With Out Walls*” (WOW) introducing programs from the Children of the Night shelter home to underfunded and undeveloped shelters and their clients throughout America. WOW is a cost effective means of providing resources to America’s teens who are forced to live on the streets.

For years, volunteers across America have been contacting us at Children of the Night asking how they can make an impact on the lives of at-risk youth in their area. Now through the WOW program, our expert Volunteer Coordinator can match you with an agency in your area where you can get hands-on volunteer experience and make a difference at a local-level. Volunteer opportunities vary by agency, but may include Workshops, Clerical, Professional, Service Professional, and/or Public Speaking positions in your area.

Children of the Night Volunteer Policies

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.

1. Please submit a copy of the followings documents with application:
 - a. Driver’s license/Valid ID
 - 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, we will match you with an agency in your area where you can get hands-on volunteer experience.
3. *Before starting work as a Children of the Night volunteer, 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
WITH OUT WALLS (WOW)
VOLUNTEER APPLICATION**

Please complete application & mail to:

Children of the Night
Attn: Beth Dye (Park)
14530 Sylvan Street
Van Nuys, CA 91411

Or via email to:

bpark@childrenofthenight.org

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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 WOW VOLUNTEER POSITIONS

WOW Volunteer

Now through the Children of the Night With Out Walls (WOW) program, our expert Volunteer Coordinator can match you with a local agency where you can get hands-on volunteer experience. Volunteer opportunities vary by agency, but may include Workshops, Clerical, Professional, Service Professional, and/or Public Speaking positions in your area.

WOW has recently partnered with the National Runaway Switchboard, and is looking for volunteers to implement their new program "Let's Talk Runaway Prevention Curriculum" (RPC). Implementation of RPC includes presentation of DVDs, leading group discussions, and worksheets (all materials provided). This volunteer position is ideal for middle and high school students in need of community-service hours or for students in search of service-learning projects.

Please specify which City and State: _____

Please circle all positions that interest you:

Workshops

Clerical

Professional

Service Professional

Public Speaking

RPC

Days and hours available to volunteer:

Mon: _____	Hours: _____
Tues: _____	Hours: _____
Wed: _____	Hours: _____
Thur: _____	Hours: _____
Fri: _____	Hours: _____
Sat: _____	Hours: _____
Sun: _____	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. **NOTE: Middle and high school students MUST list teachers as their references.**

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: _____