

M.A.D.E.A.
Moms And Dads Ending Abuse
 637 Samuels Ave Apt 3021
 Fort Worth, TX 76102
 Ph. 972-299-0403
 Website: www.madea-kids.org
 Email: humanresources@madea-kids.org



Date Received __/__/____
 Date Interviewed __/__/____
 Date Verification Completed __/__/____
 Approved __/__/____ Denied __/__/____
 Connection Class __/__/____
 Date Task Assigned __/__/____
 Orientation/Pre-Service Training __/__/____
(For Office Personnel Only)

VOLUNTEER APPLICATION			
Name:		Parent/Legal Guardian's Name:	
Date of birth:	SSN:	Phone:	
Current address:		Email:	
City:	State:	ZIP Code:	
Emergency Contact(s)			
Name	Address	Relationship	Phone(s)
	Email:		
School/College Information			
Name:			
Attendance Dates:	Highest Grade Completed?	Phone at School:	
School Address:			
City:	State:	ZIP Code:	
Diploma/Degree:	Field Of Studies:		
Work Experience/Qualification			
Skills:			
Yrs	Job Title	Job Description	

Interest (Pick the top five):

- | | | | | |
|--|---|--------------------------------------|--|-------------------------------------|
| <input type="radio"/> Administrative | <input type="radio"/> Bookkeeping/Taxes | <input type="radio"/> Facilities | <input type="radio"/> Fundraising | <input type="radio"/> Grant Writing |
| <input type="radio"/> Graphic Design | <input type="radio"/> Photography/Video | <input type="radio"/> Prayer Team | <input type="radio"/> Public Relations | <input type="radio"/> Publishing |
| <input type="radio"/> Social Media | <input type="radio"/> Community Life | <input type="radio"/> Life Events | <input type="radio"/> Mentoring | <input type="radio"/> Project 1000 |
| <input type="radio"/> Baby Sitting | <input type="radio"/> Teaching Classes | <input type="radio"/> Facilities | <input type="radio"/> Tutoring | |
| <input type="radio"/> Real Talk w/Kids | | <input type="radio"/> Transportation | | |

I, the undersigned volunteer, understand that as a participant in the M.A.D.E.A. Moms And Dads Ending Abuse Volunteer/Internship Program, my status with respect to M.A.D.E.A. Moms And Dads Ending Abuse is that of a volunteer only, and that I am not entitled to any compensation for performance of duties as a volunteer and that I am not entitled to any M.A.D.E.A. Moms And Dads Ending Abuse's benefits of any kind and I am not covered by any Worker's Compensation Program. Therefore, in consideration of being permitted to participate in the Volunteer/Internship Program, I hereby release, discharge and waive any claims, actions of any kind which may arise as a result of any injuries or damages, including but not limited to property damage, bodily injury and death, arising out of or any matter connected with my participation as a volunteer/intern in the M.A.D.E.A. Moms And Dads Ending Abuse Volunteer/Internship Program.

I acknowledge that I am bound under the regulation of the Texas Open Records Act to maintain the confidentiality of any information I may obtain and that I am subject to penalties under the provisions of this act.

I have answered the questions on this application to the best of my knowledge and none of the answers are knowingly false.

Signature of Volunteer:	Date:
Volunteer Coordinator Signature:	Date:

M.A.D.E.A. Moms And Dads Ending Abuse Volunteer Code of Ethics

M.A.D.E.A. Moms And Dads Ending Abuse Volunteer/Internship Program is composed of individuals committed to extending time and effort to educate, encourage and empower all children in our care regardless of age, race, sex, national origin, religious belief and physical, social or mental ability.

The mission of the volunteer is to promote pro-social relationships, strong interpersonal skills and reassert a sense of belonging and hope in the future.

To this end, I _____, subscribe to the Volunteer Code of Ethics and understand and understand that compliance is a condition of continued placement as a volunteer with M.A.D.E.A. Moms And Dads Ending Abuse Volunteer/Internship Program.

I shall: 1. Act as a positive role model at all times. 2. Be honest. 3. Appear clean, neat and appropriate attired. 4. Comply with the law, which shall not be limited to but will include theft of M.A.D.E.A. Moms And Dads Ending Abuse's property or funds. 5. Not engage in sexual or inappropriate behavior with patrons. 6. Not consume alcohol or illegal drugs before or during the time scheduled to serve as a M.A.D.E.A. Moms And Dads Ending Abuse volunteer/intern. 7. Not take any youth patrons away from the volunteer site without official approval from M.A.D.E.A. Moms And Dads Ending Abuse staff or parent. 8. Avoid use of profanity while on site. 9. Avoid humiliating or frightening actions when working with staff, patrons or other volunteers. 10. Avoid falsification of application or information provided during the interview. 11. Not making long distance phone calls at the expense of M.A.D.E.A. Moms And Dads Ending Abuse. 12. Not use M.A.D.E.A. Moms And Dads Ending Abuse's office equipment, i.e., computers, copiers, facsimile machines, etc. for personal use.

Volunteer Signature	Date
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Volunteer Coordinator Signature	Date
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Parent/Legal Guardian Signature _____ Date _____

Volunteer Coordinator Signature _____ Date _____

REVIEW YOUR ANSWERS CAREFULLY.

READ THE STATEMENT BELOW BEFORE SIGNING:

I represent and warrant that the answers I have given are full and true to the best of my knowledge and belief. I further acknowledge that I have read and understood the questions regarding criminal records and that I have answered the questions truthfully. I further give permission to M.A.D.E.A. Moms And Dads Ending Abuse to inquire about my qualifications and/or character. I understand that the information requested above is for the purposes of a reference/records check and that this check may be made by phone or in writing and will include present and past employers, volunteer organizations, personal references and police records. The results of the records checks will be our records and the only information the files will show is whether or not you was approved or denied participation in the Volunteer Program.

And further, I expressly request former employers and any persons who may have information concerning me to furnish such information to M.A.D.E.A. Moms And Dads Ending Abuse's officials, and agree to hold such persons harmless and I do hereby release them from any and all liability damage of any nature whatsoever for furnishing such information. I understand that failure to answer all questions fully truthfully may result in disqualification or dismissal.

Volunteer Signature _____ Date _____

Volunteer Coordinator Signature	Date
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Parent/Legal Guardian Signature _____ Date _____

Volunteer Coordinator Signature	Date
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The following information is required for Background Check:

BACKGROUND CHECK			
First Name:		Middle Name:	
Last Name:			
Date of birth:	Age:	SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Other Names (Maiden, Married, etc.)			
1.	Driver's License #:		State:
2.	State I.D. #		State:
3.	Sex:		Race:

Have you volunteered with M.A.D.E.A. Moms And Dads Ending Abuse in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes when?
If yes what position(s)?
How did you hear about M.A.D.E.A. Moms And Dads Ending Abuse?

Have you ever been convicted of a felony (Including but not limited to sex-related or child abuse related)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes please explain:

References		
Name:	Address	Phone:

List all other cities in Texas where there has been residence.		
1.	4.	7.
2.	5.	8.
3.	6.	9.

The State of Texas requires M.A.D.E.A. Moms And Dads Ending Abuse to do a background check on all staff and/or volunteers who are in personal contact with its clients. All information is kept confidential.

 Volunteer Signature Date

 Volunteer Coordinator Signature Date

 Parent/Legal Guardian Signature Date

 Volunteer Coordinator Signature Date