

VOLUNTEER APPLICATION

— COALITION TO ABOLISH SLAVERY AND TRAFICKING

- Before beginning service with Cast, prospective volunteers will be required to complete a background check.
- Due to the nature of Cast services, volunteers must have a clear record.
- Cast requires a minimum of a six-months commitment for all volunteers.

CONTACT INFORMATION

Date Of Birth : Gender Identity : Male Female Non-binary
D D M M Y Y

First Name : Last Name :

Home Address :

Primary Phone : Secondary Phone :

E-Mail :

Emergency Contact Name : Emergency Contact Phone :

Emergency Contact Relationship : Emergency Contact Alternate Phone :

WORK/VOLUNTEER HISTORY

If currently employed, please start with your most recent job. Please list at least two positions.

Organization : Title : Dates :

Duties :

Organization : Title : Dates :

Duties :

Organization : Title : Dates :

Duties :

REFERENCES

Cast will contact 2 references. Please list professional contact from prior or current work/volunteer experience:

Reference #1

Name:

Phone :

Relationship :

Reference #2

Name:

Phone :

Relationship :

BACKGROUND INFORMATION

Past work/volunteer experience (check any that apply):

- Interpretation/Translation
Language:
- Worked with Human Trafficking survivors
- Worked at shelters
- Case Management
- Administrative
- Other:

Availability (check all that apply):

- | | | |
|------------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening |

Current status (check any that apply):

- Employed Full-time
- Employed Part-time
- Unemployed
- Student
- Veteran

Education level (check any that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> High School Diploma | |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> In Progress |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> In Progress |
| <input type="checkbox"/> Master's | <input type="checkbox"/> In Progress |
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> In Progress |

What special skills/qualifications do you have that you would like to use in your volunteer role?

What made you interested in volunteering with CAST?

VOLUNTEER AGREEMENT

I have given the above information voluntarily, and I certify that all statements and representations are true and correct.

I do hereby give the Coalition to Abolish Slavery & Trafficking (CAST) permission to inquire into my educational background, driving record, employment, volunteer history, references, or police record. I further give permission to the holder of any such records to release the same to CAST. I hereby hold CAST harmless of any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to CAST. I understand that CAST will use this information as part of its verification of my volunteer application. I understand that it will be used and disclosed for CAST purposes only. I understand that I will not be paid for my services as a volunteer.

I agree to fully abide by the volunteer personnel policies and procedures of CAST.

Name (please print): _____ Signature: _____ Date : _____

PHOTO RELEASE: I give CAST, its nominees, agents, and assigns, permission to use, and publish for purposes of advertising, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with CAST or my name. This release is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of this institution, or other lawful purposes.

Name (please print): _____ Signature: _____ Date : _____

CAST USE ONLY

Background Check Consent

Form Background Check

Cleared Reference Check

Valid Driver's License/Insurance Card (for Client Accompaniment Volunteers)

Interpreter Training Completed (for Interpreter/Translator Volunteers)

HT 101 Training Completed

Cultural Sensitivity Training Completed

Hotline training (for hotline volunteers)

Accepted as Volunteer

THANK YOU FOR YOUR APPLICATION