

Thank you for your interest in a volunteer position with the Tu Nidito team. Our mission is to create a community of acceptance, support and understanding regarding children in grief. Our vision is that No Child Grieves Alone. Tu Nidito's core programs include group and one on one support to children impacted by a serious medical condition or the death of a loved one. A strong group of volunteers helps us support over 800 children and their family each year. We also love to have office and event volunteers! We have a place for you.

Please note, volunteers interested in working directly with Tu Nidito children or family members must be a minimum of 18 years old, able to meet a criminal background check, make a commitment for a minimum of one year, but we prefer two years and successfully complete a volunteer training program.

If you have any questions about the interview process, the application, or the training requirement, please contact the Volunteer Coordinator, Erica Scott, at erica@tunidito.org or call (520)322-9155.





Volunteer Application

Name: _____ **Prior Name/Surname** _____

Home Telephone: _____ **Cell Phone:** _____

Email Address: _____ **Date of Birth:** _____

Present Address: _____ **Zip:** _____

How long have you lived there? _____

If at present address less than 2 years,

Previous Address: _____

How long did you live there? _____

Employment Information: Name of Employer _____

Street Address _____

City, State, Zip _____

Telephone: _____

Title/Position _____

I prefer to receive correspondence at: Work _____ Home _____

I would like to receive Tu Nidito's monthly e-newsletter Yes _____ No _____

Are you a Unites States Citizen? Yes _____ No _____

Permanent Alien Resident? Yes _____ No _____

Race/Ethnicity (used for statistical purposes only, circle all that apply): _____

White, non-Hispanic

Hispanic

Black

Asian

American Indian

Other _____

1st Language: _____ 2nd Language: _____

Educational Background/Training: _____

Volunteer Experience:

Organization/Address _____ **Position/Responsibility** _____ **Date(s) of Service** _____

Please list 3 professional or personal references that we may contact (no phone numbers):

1. _____
Name Street Address, City, State, Zipcode
_____ Email address Relationship

2. _____
Name Address
_____ Email Address Relationship

3. _____
Name Address
_____ Email Address Relationship

Have you ever been asked to relinquish a volunteer position? Yes _____ No _____

Are you currently charged with a felony, including but not limited to criminal neglect, abuse or assault?
Yes _____ No _____

Have you ever been convicted of a felony, including but not limited to criminal neglect, abuse or assault?
Yes _____ No _____

Why are you interested in volunteering for Tu Nidito?

What volunteer position(s) are you interested in:

_____ Bereavement Group Facilitator	_____ Office Support
_____ Parent w/ Serious Medical Condition Group Facilitator	_____ Events
_____ Serious Illness Group Facilitator	_____ Fund Raising
_____ One on One Support Volunteer	

What special skills do you have to offer to Tu Nidito?

Do you speak/read or write any foreign languages? If so, what are they? _____

Activities: civic, athletic, etc. _____

Name of spouse or significant other: _____

Name and ages of children and grandchildren, if any: _____

Something interesting about you that most people might not know, i.e. am a mime, etc.: _____

Emergency Contact: _____

(Name)

(Telephone)

(Relationship)

I have completed and reviewed this entire form and attest that the information provided is true. I also grant permission for Tu Nidito to obtain information from my references and/or other volunteer organizations with which I have worked that may be pertinent to my application.

Applicant Signature

Date

Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, creed, religion, national origin, marital status, physical or mental handicap unless such discrimination is based upon occupational qualifications.



Acknowledgement of Auto Insurance Coverage

I acknowledge that I remain liable for any injuries or property damage arising out of my use of any motor vehicle in the performance of my employment or volunteer services with Tu Nidito. I also hereby agree that I will maintain in force, at all times during which I use a motor vehicle in connection with my employment or volunteer services, minimum medical coverage of \$5000 per person protecting passengers riding in such motor vehicle, in addition to liability coverage for bodily injury and property damage of **100/\$300,000 or \$300,000 CSL (Combined Single Limit)** also uninsured motorist coverage of \$15,000/\$30,000 as required by A.R.S. Section 28-1170.

Printed Name: _____

Signature: _____

Date: _____

Volunteer Coordinator Signature: _____

A copy of your driver's license and auto insurance card will be taken at your interview.

RELEASE AUTHORIZATION

The following must be filled out completely for your application to be considered. (Please print)

LAST NAME FIRST NAME MIDDLE NAME

OTHER NAMES BY WHICH YOU HAVE PREVIOUSLY BEEN KNOWN AND DATES THOSE NAMES WERE USED

CURRENT ADDRESS (Cannot be a P. O. Box)

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

NAME ON DRIVER'S LICENSE DRIVER'S LICENSE NUMBER STATE EXP. DATE

PLEASE LIST ALL PREVIOUS ADDRESSES YOU HAVE RESIDED AT IN THE PAST SEVEN [7] YEARS:

PRIOR ADDRESS: FROM: TO:

PRIOR ADDRESS: FROM: TO:

(If you have had more than two previous addresses in the past seven [7] years, please attach a separate piece of paper.)

This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:

- a. Criminal conviction records in any jurisdiction;
- b. Social Security Number Trace Report;
- c. Driving record in any state;
- d. Educational and Professional Certification records in any jurisdiction;
- e. Work performance, attendance, and job related information;
- f. Military records;
- g. Credit Report.

I agree to assist in this effort by contacting former employers and asking for full exposure of my employment history.

I further understand that information obtained may be used by this employer *in its sole discretion and without liability*, to determine eligibility for initial or continued employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

SIGNATURE TODAY'S DATE

APPLICANT - DO NOT WRITE BELOW THIS LINE

This information is being verified by SECURITECH, INC. Any information or questions should be directed to them at: Securitech, Inc., 8230 E. Broadway Blvd., Suite E-10, Tucson, AZ 85710 or (520) 721-0305 or (800) 805-4473.

SUBSCRIBER NAME: Tu Nidito Children & Family Services

SUBSCRIBER CODE: HCHI0180

SUBSCRIBER PHONE #: (520) 322-9155



NOTICE OF INTENT TO VERIFY BACKGROUND INFORMATION

In connection with my application for employment with you, I understand that a consumer report may be requested that may include information as to my character, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available.

Applicant name (printed) _____

Applicant Signature _____

Date _____



Media Release

I, _____, authorize Tu Nidito Children and Family Services to use my photograph, name and/or information about me regarding my volunteer service providing support to children and their families as they deal with serious illnesses and death. I understand that media may include but is not limited to newspaper articles, television, radio, film documentaries, and speaking engagements.

Volunteer Signature

Date

Volunteer Coordinator Signature



Confidentiality Statement

I, _____, acknowledge that Tu Nidito Children and Family Services is an agency whose purpose is to provide support to children and their families as they deal with serious illnesses and death. I hereby agree to follow the strictest of ethics when trusted with confidential information. This confidential information includes but is not limited to: files pertaining to families, information concerning the organization, volunteers and staff, and/or information received from families during interviews, visits and support groups.

Volunteer Signature

Date

Volunteer Coordinator Signature