

Do you anticipate any changes within the next year including family status, occupation, or residence?

Yes No

Please list three character references that are **NOT** related to you. We **WILL** be contacting each reference listed:

	Name	Phone #	Relationship	How long have you known reference?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Emergency Contact Name: _____ **Address:** _____
City/State: _____ **Zip:** _____ **Phone #:** _____
Relationship to you: _____

Employment and/or Volunteer History:

Present Employer:	From:	To:
Position:	City:	State:
Supervisor Name:	Contact Number:	May we contact?

Previous Employer:	From:	To:
Position:	City:	State:
Supervisor Name:	Contact Number:	May we contact?

Previous Employer:	From:	To:
Position:	City:	State:
Supervisor Name:	Contact Number:	May we contact?

Education

Name of High School:	City:	State:
Dates Attended:	Graduation Date:	

Post-Secondary Education:	City:	State:
Dates Attended:	Graduation Date:	Major:

DISCLOSURE STATEMENT

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record?

A full disclosure is to your advantage because your record does not automatically disqualify you for acceptance in the program. However, failure to admit convictions may result in the disqualification of your application.

NO

YES (Please ask your area program coordinator for the Certified Background check form)

Have you been or has someone close to you been a victim of a crime? Yes* No

Crime Type: _____ Year of Incident: _____

*If yes, we request that you disclose information about the crime during your interview with the ACASI Volunteer Program Coordinator. This information will enable us to ensure, you and the child you are mentoring, have the support needed.

We are an inclusive project. Qualified individuals with disabilities and those from diverse backgrounds are strongly encouraged to apply. Reasonable accommodations for qualified individuals will be provided.

I fully understand that, if accepted into the Arizona Child and Adolescent Survivor Initiative (ACASI), I am a volunteer in the program and not an employee of Northern Arizona University, NAU Family Violence Institute, NAU Civic Service Institute, or the State of Arizona. If I drive, I certify that I am covered and will maintain the Arizona State minimum automobile liability insurance. I understand I must show my driver's license and my automobile liability insurance in order to drive for the program. I also understand that I may be required to have a TB skin test. I understand that I am required to undergo a National Service Criminal History check, and that selection for participation in the ACASI Program is contingent upon review of my criminal history (if any) by the Program and NAU Human Resources.

I hereby certify that under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief, and agree to have a background check and fingerprint clearance completed.

Applicant Certification, under penalties of perjury, I certify that:

- a. THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER).
- b. I AM NOT SUBJECT TO BACKUP WITHHOLDING.
- c. I AM A PERSON RESIDING IN THE U.S.

Signature: _____

Date: _____

I have viewed an official picture Identification Card for the person listed on this application. The Picture ID Card I viewed was a Driver's License State of AZ Picture ID Passport ID
 Other—please identify: _____

Volunteer Coordinator Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

ENROLLMENT DATE: _____

DIRECTOR SIGNATURE:

ACASI Confidentiality Policies

Confidentiality

Confidentiality is a very serious matter to the ACASI Program and an important responsibility. Volunteers may know and have access to information concerning surviving children and other matters that must be held in the strictest confidence.

Volunteers are responsible for holding this trust. We believe everyone has the right to his or her own privacy.

Volunteers are urged to discuss clients only with appropriate staff and at the appropriate time and place. This is a moral and legal obligation.

Any breach of confidentiality will result in disciplinary action or termination.

Statement of Confidentiality

I fully understand that it is my responsibility to keep confidential any personal, family, medical, or financial information concerning any child/client with whom I am in contact.

I will not discuss anything concerning my client with anyone other than my supervisors. I will not divulge any information that may identify the child/client or his/her family that may cause embarrassment to him/her or to his/her family.

If necessary to speak of a child/client, I will use the first name only. I will not give out a client's name, address or phone number.

I understand that I can be held liable for willfully and knowingly releasing confidential records or information about a child/client.

Printed Name _____

Signature _____ Date _____

Please submit application by email to acasi@nau.edu

By mail:

The Family Violence Institute at NAU
Arizona Child & Adolescent Survivor Initiative
P.O. Box 15026 Flagstaff, AZ 86011
Phone: 928-523-2119 Fax: 928-523-2210