

IMMIGRANT CHILD ADVOCACY PROJECT
AT THE UNIVERSITY OF CHICAGO

Child Advocate Volunteer Application

Date:

I. VOLUNTEER INFORMATION

Name:

Last

First

MI

Address:

Street

City

State

Zip Code

Date of Birth:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

Fax:

Marital Status:

Married

Single

Divorced

Widowed

Please list any other members of your household and their relationship to you:

Emergency Contact Information:

Please write about the reasons you would like to serve as a Child Advocate (best interests guardian *ad litem*) for an unaccompanied immigrant child:

Do you have an answering machine/voice mail?

YES

NO

Do you have access to a computer and email?

YES

NO

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II. EMPLOYMENT INFORMATION

Employment Status: Full-time Part-time Student Not employed Retired

Current Employer:

Phone:

Address:

Street

City

State

Zip

Name of Supervisor:

May we contact?

"YES

NO

Length of Employment:

Position:

Employment History:

Name of previous employer:

Position:

Address:

Street

City

State

Zip

Dates of employment and brief description of work:

Name of previous employer:

Position:

Address:

Street

City

State

Zip

Dates of employment and brief description of work:

Have you ever been convicted of a crime other than a traffic violation?

YES NO

If yes, please explain:

Current Volunteer Commitments:

Organization:

Role:

Time Commitment:

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III. BACKGROUND & SKILLS

Education

Highest level obtained:

Field/Concentration:

Name and Address of School:

Have you had any personal or professional experience with:

Child Welfare

Foster Care

Other child-related Agencies

Immigration

If yes, please explain:

How did you hear about the Child Advocate volunteer project?

Please list previous volunteer activities:

Please state what languages, other than English, you speak and the degree of fluency:

Please state what other countries you have lived in:

Please list any resources or talents you have which might be of assistance:

Please describe any hobbies or special interests:

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IV. AVAILABILITY

Do you have access to a car? YES NO

Please check the time slots you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning

Afternoon

Evening

Describe any personal or professional constraints that may restrict your time:

"
"

References. Please attach names of references (see attached reference form)

V. I hereby certify that all statements on this application are true and correct to the best of my knowledge.

Signature

Date

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Immigrant Child Advocacy Project
6020 South University Avenue
Chicago, IL 60637

REFERENCES

Name of Child Advocate Volunteer:

Please list three references who are **NOT** related to you including a professional reference.
References will be contacted by telephone and/or e-mail.

1. NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-mail:

RELATIONSHIP:

2. NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-mail:

RELATIONSHIP:

3. NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-mail:

RELATIONSHIP: