

IMMIGRANT CHILD ADVOCACY PROJECT
AT THE UNIVERSITY OF CHICAGO

Child Advocate Volunteer Application

Date: _____

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:

Please write about the reasons you would like to serve as a Child Advocate (*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

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:

Education (highest level obtained): _____

Name and Address of School: _____

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

Yes No

If yes, please explain:

Have you had any personal 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/current volunteer activities: _____

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

Please state whether you speak any languages, other than English, and list those languages:

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

Please describe any hobbies or special interests:

When would you be available for volunteer service? Check times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Photo. Please include a recent photo of yourself with this application.

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

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

Signature

Date

Immigrant Child Advocacy Project
at the University of Chicago
6020 South University Avenue
Chicago, Illinois 60637
773-702-9560
(fax 773-702-2063)

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. 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: _____