



SECONDLIFE

TENNESSEE

Volunteer Application

Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address 1.) _____ 2.) _____

Driver's License Number and State Issued _____

Emergency Contact/Relationship: _____

Emergency Phone and Address: _____

A \$30 fee to cover the background check expense is required. A \$30 fee to cover the background check expense is required. You may mail your check to Second Life of Chattanooga, PO Box 25485, Chattanooga, TN 37422, with "background check" in memo. If you submit your application to us via email, please confirm that you have mailed the fee.

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? Y / N

If so, please explain:

Are you willing to undergo a criminal background check? Y / N

EMPLOYMENT HISTORY

[Please begin with your most recent employment.]

Job Title: _____

Organization: _____

Dates of Employment: _____

Job Responsibilities: _____

Job Title: _____
Organization: _____
Dates of Employment: _____
Job Responsibilities: _____

Job Title: _____
Organization: _____
Dates of Employment: _____
Job Responsibilities: _____

EDUCATION

Degree(s) Earned: _____
School or Awarding Institution: _____
Dates attended: _____

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ADDITIONAL TRAINING/CERTIFICATIONS

Training: _____
Establishment/Organization: _____
Certificate Awarded: _____

Training: _____
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Certificate Awarded: _____

Training: _____
Establishment/Organization: _____
Certificate Awarded: _____

OTHER SERVICE/PROFESSIONAL EXPERIENCES RELATED TO YOUR SKILLS

Please list any certifications, special skills, languages spoken, etc.

1:

2:

3:

APPLICATION REFERENCES

Please list three references we may contact, including their relationship to you, their mailing address, phone number, and e-mail address.

Name: _____
Relationship: _____
Organization: _____
Mailing address: _____
Phone Number: _____
E-mail: _____

Name: _____
Relationship: _____
Organization: _____
Mailing address: _____
Phone Number: _____
E-mail: _____

Name: _____
Relationship: _____
Organization: _____
Mailing address: _____
Phone Number: _____
E-mail: _____

Volunteer Opportunities Available:

1. Community outreach at networking events and conferences
2. Starting advocacy groups in your community: Identify those in the community that may be willing to learn more about human trafficking/prevention and organize these events (Second Life Chattanooga can conduct Human Trafficking 101, trauma, self-care, and prevention trainings during these events)
3. Helping with fundraising/events (e.g. assist at the actual event, planning, obtaining donations, promoting the events, identifying potential donors)
4. Spreading the word via your own personal social media usage (we will provide you with the appropriate information to share)

Please indicate in which area(s) you would like to volunteer your time and why:

How many hours per week or month are you looking to volunteer? _____

What are your available days and hours? _____

What additional ideas you may have as volunteer opportunities given your expertise?

How did you hear about Second Life Tennessee?

Volunteer Agreement

I understand that compliance with all of the requirements below are mandatory for volunteerism with Second Life for everyone's safety:

1. The **references** I listed may be contacted by telephone or email.
2. I understand I may not initiate any **media/public event** representing Second Life pertaining to human trafficking or the organization without the approval of Second Life Tennessee. Requests for media engagements will be referred directly to the Second Life Staff or Volunteer Supervisor.
5. I understand that I have the right to **submit a grievance** with Second Life Tennessee, if I feel I have been mistreated or the mission of the organization is not being upheld.
6. I will **not abuse, neglect, exploit, coerce, manipulate, or use for retaliation any information, privileges, or responsibilities while volunteering with Second Life Tennessee.**
7. I understand that I am **expected to report** any incident, action or circumstance which I may become aware of, that presents a threat, endangerment, or poses a current or future impact on those related to or acting within the interests of Second Life Tennessee. I understand that it is especially important to inform the Staff or Volunteer Supervisor in the case of a **medical emergency**, in the case of a pertinent medical update or in the case of a client's harmful threat to self or others.
8. I understand that I may possibly inadvertently receive **information** regarding a trafficking situation and agree to maintain the utmost confidentiality in upholding the respect of the victim, the pursuit of justice, and the authority of the legal system. I understand that all victim information is confidential, especially personal information, and that it is not to be disclosed to an outside party in written or verbal form, nor in an electronic communication such as mail, website accessible by public, etc.
9. I understand all individuals are to be treated with dignity, respect and consideration and are **not to be discriminated against** based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.
10. I understand that the terms listed above are **not all-inclusive** and may be updated, as needed.

By signing below you agree to all terms and conditions listed in the above agreement for yourself and minors participating in Second Life Tennessee volunteer activities.

Name: _____ **Date:** _____