



Resource Association for Missing People

Volunteer Application and Agreement

Last Name: _____ **First Name:** _____ **Date:** _____

*Name of Parent or Guardian if under 18 years: _____

*If volunteer is less than 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____

Phone: (Home) _____ (Cell) _____ (Office) _____

Date of Birth: _____ **Driver's License No.** _____

Emergency

Contact: _____
Name Phone #: (Indicate Home, Work or Cell) Relationship

Do you have any friends/family members who are employed by or volunteer for R.A.M.P.? ____ Yes ____ No

If yes, please provide name of volunteer or employee: _____

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Are you available for "on call" status? _____ Yes _____ No

If so, please provide days and times: _____

Please indicate one or more of the following activities you are interested in helping with:

___ Office Support/Admin

___ Social Media Team

___ Marketing/Fundraising

___ Field Work

___ Event Planning & Support

___ Search Team Meals

___ Public Relations

___ Flyer Distribution

___ Research by Phone

___ Ground Search Help

___ Computer/Database Skills

___ Other Activities

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____

From: (MM/YYYY) _____

To: (MM/YYYY) _____

Organization: _____ Duties: _____

From: (MM/YYYY) _____

To: (MM/YYYY) _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain:

Have you ever been convicted of a crime against a child, family violence, or moral turpitude?

Yes No

If yes, please explain:

BACKGROUND CHECK: R.A.M.P. requires volunteers to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with R.A.M.P.

I consent to a background check.

Social Security Number

(Please initial the above indicating your consent.)

REFERENCES: List three people, not related to you, who have knowledge of your qualifications.

Name: _____ Relationship: _____

Tel. No.: _____ Email: _____

Name: _____ Relationship: _____

Tel. No.: _____ Email: _____

Name: _____ Relationship: _____

Tel. No.: _____ Email: _____

* _____ I need the following accommodation(s) to work as volunteer: _____

As a volunteer for R.A.M.P., I agree to abide by all applicable rules and regulations of the agency and the Laws of the State of Louisiana. I understand that I will receive no monetary benefits in return for my volunteer service and that R.A.M.P. may terminate this agreement at any time without prior notice for any reason. I hereby authorize R.A.M.P. to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Director and/or agent of R.A.M.P. and to attend a volunteer training session in order to secure my volunteer role.

I hereby Release and Waive liability against R.A.M.P.; a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for R.A.M.P. Further, I agree that R.A.M.P.is not liable for any damage to my property or my dependent's property resulting from volunteer work for R.A.M.P. I agree that this release is as broad and inclusive as permitted by the laws of the State of Louisiana.

Volunteer Signature: _____ **Date:** _____

Please Print Name: _____

***I agree to R.A.M.P. conducting a complete background check. I agree that no information with regard to any missing person cases or searches will be released to any member of the news media, made public in any way, or used for personal gain of any kind. I agree all information, paperwork, equipment issued, etc. are the property of R.A.M.P. I will take no photographs, video, or voice recording on any R.A.M.P. sanctioned search or event without the permission of R.A.M.P supervisory personnel. I understand that any tip or information of any kind pertaining to a potential criminal case MUST be reported and that removal of ANYTHING from a search area may be considered interfering with a criminal investigation; a prosecutable offense. I agree to hold R.A.M.P. harmless with regard to any personal injury or theft of personal property while volunteering for R.A.M.P. By my signature below I accept these terms. Membership is a privilege that may be denied or revoked at any time without prior notice.

Volunteer Signature: _____ Date: _____

Print Name: _____