

## **Volunteer Application**

Thank you for your interest in becoming a volunteer for the Child Abduction Response Team (CART). Volunteers contribute substantially to the work of CART, and CART's Staff work closely with volunteers to make the experience as rewarding as possible.

CART's staff is a group of dedicated professionals with many years of experience. As the workload of CART continues to grow and resources are continually being stretched, the contributions of volunteers are very important. CART volunteers who share the same belief in our goals help make the success stories happen.

Complete Form and mail to  
Cpl. Danny Martineau  
1115 Albany Street  
Caldwell, Idaho 83605

For any question  
Contact Cpl. Danny Martineau  
208-454-6625

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apartment/Unit

\_\_\_\_\_ City State Zip Code

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

List other names which you are known by  
\_\_\_\_\_

Location and Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

### REFERENCES

List two references (not related to you) who have known you for five years or more.

1. Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Have you ever been CONVICTED of a FELONY or MISDEMEANOR?

Yes \_\_\_ No \_\_\_

If YES, explain below.

\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

By signing the statement below, you certify that the information you have supplied us is true and correct to the best of your knowledge.

In the consideration of my application for a volunteer position with the Child Abduction Response Team (CART): (1) I hereby consent to being fingerprinted by a designated representative of a law enforcement agency for the purpose of CART obtaining information need to determine my suitability for a volunteer position; (2) I hereby release (a) CART, (b) any and all state and/or federal law enforcement agencies that are involved in obtaining my fingerprints, and/or investigating my criminal record, and/or communicating results on the investigation to CART, and (c) the representatives, employees, and agents of the aforementioned entities of any and all claims, actions, liabilities whatsoever arising from my being fingerprinted, investigated, and the results of the investigation being communicated to CART.

Further, I agree to maintain the confidentiality of CART’s information including its clients, and I understand that any breach of this agreement could be detrimental to the recovery of a child and/or the prosecution of a case involving a missing or exploited child. CART is an “at will” employer, which means that this relationship is strictly voluntary. My relationship with CART can be ended by myself or CART with or without cause or notice, at any time.

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this authorization to be release to the Child Abduction Response Team any and all information or records requested by the Child Abduction Response Team regarding my relationship to such person, firm, organization, or corporation including, but not necessarily limited to employment records, military records, criminal information records (if any), in connection with my application to be a volunteer for the Child Abduction Response Team.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance.

Applicant’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant’s Current Address \_\_\_\_\_  
\_\_\_\_\_

Applicant’s Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_