



# *Jane Doe Rising, Inc.*

*Impact | Empower | Educate | Evaluate*

Dear Applicant,

Thank you for your interest in becoming a Volunteer for Jane Doe Rising, Inc. There are many ways one can offer their skills and/or time to nonprofit or other community-based organizations. There is almost always a need for volunteers! However, becoming a part of something bigger, or being a part of the solution as a Volunteer can have many ups and downs. Volunteering can be very rewarding, yet exhaustive at times.

Please consider speaking with your family, friends or other close peers before committing to a Volunteer role in Advocacy or other community and social services. I believe it is very important to have support from those closest to you, and to seek guidance when considering this step.

Think about why you are considering our organization in particular and how our mission and initiatives align with your personal values. What goals do you have for becoming a Volunteer? How do you think helping may affect you mentally, physically, emotionally and how will you cope with stress and/or burnout when it occurs? What will "taking a break" look like for you when necessary? Do you have an idea of what level of engagement or direct contact you are comfortable having with the clients we serve?

What are some of your strengths and weaknesses when it comes to interacting with strangers, public speaking, group leadership, problem solving etc.? Are there any areas that you believe you could be a mentor to someone else, or be mentored yourself?

I know it's a lot to consider! Once you've determined to what extent you are willing and able to Volunteer, please complete the attached application and return it by email to: [janedoegroup@outlook.com](mailto:janedoegroup@outlook.com). I look forward to serving with you!

*Heidi Schmidt*

**Jane Doe Rising, Inc. | Founding President**

**Crime Victim Advocate**

**682-556-7983**



# Jane Doe Rising, Inc.

*Impact | Empower | Educate | Evolve*

## Application – Volunteer / Contractor / Service Provider / Employee

Date of Application: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Applicant Full Name : \_\_\_\_\_ DOB: \_\_\_\_\_

Are you a U.S. Citizen?       Yes  No

If you answered “No” above, are you eligible to work in the United States with an active Visa?       Yes  No

**Current** Physical/Home Address (Numbered Street / City / State / Full Zip Code):

\_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Contact:  Phone  Email

### Position(s) Applying For:

Employee                       Contractor                       Volunteer

Advocate                       Services Coordinator                       Administrative Support                       Other

Do you have any prior experience (volunteer/employed/contracted) with other nonprofit, advocacy, therapeutic, social or criminal justice organizations, companies or individuals?       Yes  No

Why are you interested in applying to work or volunteer for Jane Doe Rising, Inc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this organization? \_\_\_\_\_

Place a check mark on any days you're available to work in the section below. Please write in the range of time for your availability on the line next to each day (EX: 8:30am – 6:00pm / or 10:00am – 5:15pm).

Desired Pay Rate (If Applicable): \_\_\_\_\_  Part Time       Full Time       Sunday \_\_\_\_\_

Monday \_\_\_\_\_       Tuesday \_\_\_\_\_       Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_       Friday \_\_\_\_\_       Saturday \_\_\_\_\_

Do you currently work in, or have prior experience working for a U.S. Military Branch, Law Enforcement, Social Services, Emergency Response, Crisis Intervention, Advocacy, Clinical/Healthcare or Criminal Justice Agency?

Yes       No

**[If Yes]** Please briefly describe any past and/or current affiliations, licenses, roles, accreditations or experience:

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## Education & Employment History

Are you a High School Graduate, or did you earn a GED?     Yes  No

**[If Yes]** Please list the school you graduated from & year of graduation OR write the year you obtained a GED:

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**[If No]** Please describe the reason you did not graduate High School or earn a GED:

*\*\*Please Note – This is NOT a disqualification for employment, contract or volunteer opportunities with Jane Doe Rising, Inc...We are seeking honesty and all of the questions on this application are simply tools for our Board Members and other relevant personnel to get to know you.*

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Did you attend any colleges, trade schools, continuing education courses or any other advanced and/or relevant field-related training?       Yes  No

**[If Yes]** Please list the institution(s) you attended, dates attended, and the highest level of degree, certificate, or recognition you obtained.

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Please provide details relevant to any organizations you **currently** volunteer for in Texas, or virtually throughout the US:

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List your employment history for the past ten (10) years, starting with the most recent below. If additional space is needed, please use the "Additional Details" section at the end of this application.

1. Company Name: \_\_\_\_\_ May we contact them?  Yes  No

If you have indicated that we may NOT contact this employer, please briefly explain why: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ / Currently Employed

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

Primary roles & responsibilities: \_\_\_\_\_

Check appropriate box below & briefly describe the reason your employment ended:

Resigned/Quit  Terminated/Fired  Retired  Contract Ended  Seasonal Employment

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2. Company Name: \_\_\_\_\_ May we contact them?  Yes  No

If you have indicated that we may NOT contact this employer, please briefly explain why: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ / Currently Employed

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

Primary roles & responsibilities: \_\_\_\_\_

Check appropriate box below & briefly describe the reason your employment ended:

Resigned/Quit  Terminated/Fired  Retired  Contract Ended  Seasonal Employment

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**Previous Employment Cont.**

3. Company Name: \_\_\_\_\_ May we contact them?  Yes  No

If you have indicated that we may NOT contact this employer, please briefly explain why: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ / Currently Employed

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

Primary roles & responsibilities: \_\_\_\_\_

Check appropriate box below & briefly describe the reason your employment ended:

Resigned/Quit  Terminated/Fired  Retired  Contract Ended  Seasonal Employment

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4. Company Name: \_\_\_\_\_ May we contact them?  Yes  No

If you have indicated that we may NOT contact this employer, please briefly explain why: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ / Currently Employed

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

Primary roles & responsibilities: \_\_\_\_\_

Check appropriate box below & briefly describe the reason your employment ended:

Resigned/Quit  Terminated/Fired  Retired  Contract Ended  Seasonal Employment

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**Previous Employment Cont.**

5. Company Name: \_\_\_\_\_ May we contact them? [ ] Yes [ ] No

If you have indicated that we may NOT contact this employer, please briefly explain why: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ / Currently Employed [ ]

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

Primary roles & responsibilities: \_\_\_\_\_

Check appropriate box below & briefly describe the reason your employment ended:

Resigned/Quit [ ] Terminated/Fired [ ] Retired [ ] Contract Ended [ ] Seasonal Employment [ ]

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6. Company Name: \_\_\_\_\_ May we contact them? [ ] Yes [ ] No

If you have indicated that we may NOT contact this employer, please briefly explain why: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ / Currently Employed [ ]

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

Primary roles & responsibilities: \_\_\_\_\_

Check appropriate box below & briefly describe the reason your employment ended:

Resigned/Quit [ ] Terminated/Fired [ ] Retired [ ] Contract Ended [ ] Seasonal Employment [ ]

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## Authorization for Criminal History/Background Check

Have you plead no contest to or been convicted of a felony (of any degree) in the past 10 years? [ ] Yes [ ] No

**[If Yes]** Please list the state in which you were convicted, date of offense, date of conviction, disposition/final verdict and sentencing detail(s) – this includes actual time served and any related probationary terms.

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**If additional space is needed, please use the “Additional Details” section at the end of this application.**

Current Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

Driver License OR State Identification Card Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

If you do **not** hold a current or valid state issued driver license or ID, please list another form of identification:

Please list ALL other, alias, nicknames or additional names (birth, marriage(s)/maiden, divorce etc.) used at any time in the **past 15 years**: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ IRS/TIN Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**List your address history for the past ten (10) years (prior to your current address) below.**

1. PREVIOUS Address (Full Street / City / State / Full Zip Code): [ ] Rent [ ] Own [ ] Other

\_\_\_\_\_

No. Years \_\_\_\_\_ and Months \_\_\_\_\_ you resided here. -OR- Dates (to/from): \_\_\_\_\_

Landlord Name & Phone Number (If Applicable): \_\_\_\_\_

List anyone else that lived here with you – Name & Phone Number: \_\_\_\_\_

2. PREVIOUS Physical/Home Address (Numbered Street / City / State / Full Zip Code):

\_\_\_\_\_

Number of Years \_\_\_\_\_ and Months \_\_\_\_\_ you resided here. [ ] Rent [ ] Own [ ] Other

Landlord Name & Phone Number (If Applicable): \_\_\_\_\_

List anyone else that lived here with you – Name & Phone Number: \_\_\_\_\_

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**Address History Cont.**

3. PREVIOUS Address (Full Street / City / State / Full Zip Code):     Rent         Own         Other

\_\_\_\_\_

No. Years \_\_\_\_\_ and Months \_\_\_\_\_ you resided here. -OR- Dates (to/from): \_\_\_\_\_

Landlord Name & Phone Number (If Applicable): \_\_\_\_\_

List anyone else that lived here with you – Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_

4. PREVIOUS Physical/Home Address (Numbered Street / City / State / Full Zip Code):

\_\_\_\_\_

Number of Years \_\_\_\_\_ and Months \_\_\_\_\_ you resided here.     Rent         Own         Other

Landlord Name & Phone Number (If Applicable): \_\_\_\_\_

List anyone else that lived here with you – Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_

5. PREVIOUS Address (Full Street / City / State / Full Zip Code):     Rent         Own         Other

\_\_\_\_\_

No. Years \_\_\_\_\_ and Months \_\_\_\_\_ you resided here. -OR- Dates (to/from): \_\_\_\_\_

Landlord Name & Phone Number (If Applicable): \_\_\_\_\_

List anyone else that lived here with you – Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_

6. PREVIOUS Physical/Home Address (Numbered Street / City / State / Full Zip Code):

\_\_\_\_\_

Number of Years \_\_\_\_\_ and Months \_\_\_\_\_ you resided here.     Rent         Own         Other

Landlord Name & Phone Number (If Applicable): \_\_\_\_\_

List anyone else that lived here with you – Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_

**If you have additional addresses to add, please use the “Additional Details” section at the end of this application.**



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Please provide two (2) personal and three (3) professional references below:

1. Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

What type of reference will this person provide?      [ ] Personal    [ ] Professional

Describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

What type of reference will this person provide?      [ ] Personal    [ ] Professional

Describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

What type of reference will this person provide?      [ ] Personal    [ ] Professional

Describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

What type of reference will this person provide?      [ ] Personal    [ ] Professional

Describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

What type of reference will this person provide?      [ ] Personal    [ ] Professional

Describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

# AUTHORIZATION

I, (print name) \_\_\_\_\_ hereby authorize **JANE DOE RISING, INC.**, located/operating out of the state of **TEXAS** and their affiliates, agents and/or any other individuals authorized to represent the company to conduct a review of my background, criminal history (if applicable) and to obtain an investigative consumer report and/or credit report and any additional information necessary for the purpose of screening for employment or volunteer eligibility.

I understand and agree that the information obtained may include, but is not limited to credit and criminal history, past and present employment and income, bank accounts, credit accounts, credit reports, residential/rental history, references, vehicle and driver records, criminal records, civil proceedings/judgement records and any other relevant information. I further authorize previous or current employers, landlords, financial institutions/banks/creditors or other companies, public agencies, or individuals to release any information, records or data they may have pertaining to me. Any information received will be used only for the purposes stated herein and will be maintained in a confidential manner. Pursuant to the Fair Credit Reporting Act (FCRA), if any adverse action is taken based up on information in any consumer report(s) obtained, a copy of the report and summary of the consumer’s rights will be provided to me.

\_\_\_\_\_ A copy, electronic copy, PDF conversion, image or facsimile of this authorization is as valid as the original document.

Initials

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Details

Use this section to provide any additional details or explanations related to other sections of the application – Please indicate which section of the application each detail pertains to.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Non-Discrimination Policy**

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The law forbids discrimination in every aspect of employment and no organization, employer, entity or individual is exempt from EEOC policies regarding applicants, hiring and employment.

The laws enforced by EEOC prohibit an employer or other covered entity from using neutral employment policies and practices that have a disproportionately negative effect on applicants or employees of a particular race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), or national origin, or on an individual with a disability or class of individuals with disabilities, if the policies or practices at issue are not job-related and necessary to the operation of the business. The laws enforced by EEOC also prohibit an employer from using neutral employment policies and practices that have a disproportionately negative impact on applicants or employees age 40 or older, if the policies or practices at issue are not based on a reasonable factor other than age.

JANE DOE RISING, INC. does not recruit new employees in a way that discriminates against them because of their race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information. Further, JANE DOE RISING, INC. will not base hiring decisions on stereotypes and assumptions about a person's race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information.

If the position you are applying for with JANE DOE RISING, INC. requires you (the applicant) to take a test, the test will only be given because it is necessary and related to the job. Applicants will be notified in advance of any interview or meeting conducted for the purpose of considering a person for hire if a test is required for the position they have applied.

Job applicants are NOT required to disclose whether or not they currently have a disability or have had one in the past. An applicant may choose to offer this information at will and JANE DOE RISING, INC. will not discriminate, ask for details or related information regarding a disclosed disability, or discourage the applicant from applying. If a job applicant with a disability needs an accommodation (such as a sign language interpreter, ramp access, or any other accommodation) to apply for a job, JANE DOE RISING, INC. will provide the accommodation, so long as the accommodation does not cause the organization significant difficulty or expense.

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**I HAVE READ AND UNDERSTAND THE ABOVE NON-DISCRIMINATION POLICY AS WRITTEN AND ADOPTED BY THE BOARD OF DIRECTORS OF THE ORGANIZATION JANE DOE RISING, INC.**

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**Applicant Printed Name**

**Applicant Signature**

**Date**