



## ChildFund Action Network

**Please note:** All applicants to the ChildFund Action Network must be over 18 years old, must currently be a child sponsor and must agree to a background check.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are you 18 years old or older? Yes \_\_ No\_\_

Do you agree to a background check? Yes \_\_ No\_\_

Are you currently a child sponsor? \_\_\_\_\_

How long have you been a child sponsor? \_\_\_\_\_

Why would you like to be part of the ChildFund Action Network?

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Do you have experience volunteering with other organizations? Please describe.

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How did you hear about the ChildFund Action Network?

Email \_\_ Mail \_\_ Social media \_\_ Website \_\_ At an event \_\_ Other (please explain) \_\_

I understand that this is an application for and not a commitment of a volunteer opportunity. I certify the information on this application and any information I provide throughout the selection process is accurate. I certify that I have and will answer all questions to the best of my ability and that I have not withheld and I will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information provided will be verified by ChildFund and I hereby give permission to ChildFund to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education, or related matters. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action against anyone providing such information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with ChildFund or my termination as a volunteer.

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

Once complete, please mail this form to "Attn: Kate Nare 2821 Emerywood Pkwy Richmond, VA 23294" or email to [Humanitarians@ChildFund.org](mailto:Humanitarians@ChildFund.org). For questions, call 1-800-458-0555.

**You can help even more children in need.**

2821 Emerywood Parkway Richmond, Virginia 23294 [Humanitarians@ChildFund.org](mailto:Humanitarians@ChildFund.org)