

DOE NETWORK OFFICIAL VOLUNTEER APPLICATION

INSTRUCTIONS

1. Read the application completely.
2. Fill out form in its entirety. *Incomplete forms will not be processed.*
3. Present photo identification to, and sign application and agreement in presence of, a Notary Public and have it notarized.
4. Send all 3 completed pages with notarization to the address listed on the Doe Network website at:

www.doenetwork.org/membership.html

Office Use Only:

Received: _____

Accepted: _____

Username: _____

Other: _____

PLEASE PRINT

First Name: _____ Last Name: _____

Home address: _____ PO Box _____

City: _____ State/Province: _____ Postal Code: _____

Primary phone number _____ Secondary phone number _____

Primary email address: _____ Secondary email address _____

Occupation/Title: _____

Membership type sought: General Family Member Professional

For professionals, please provide agency name and phone number:

For family members of the missing, please provide the name of your missing loved one:

For family members of the missing, please provide the name and contact information for the agency and investigator involved in the case:

Please indicate any related group or organization memberships _____

Discrimination Policy : The Doe Network does not tolerate any discrimination against members based on their race, ethnic origin, sex, age, sexual orientation, economic status or religious or spiritual beliefs.

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Please tell us about yourself and your interests – such as what draws you to the Doe Network, how you are able to assist the Doe Network, skills or experience you can offer the organization, etc.

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain in detail on this page. Use the reverse side of this page and/or additional pages as necessary.

What is your *preferred* username for the private Doe Network Discussion Board: _____

****Please note that the Doe Network reserves the right to refuse membership without disclosure.****

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OFFICIAL VOLUNTEER AGREEMENT

I, the undersigned volunteer/member of the Doe Network, will not, without prior approval of the Administration, disclose or in any other way make known, reveal, report, publish or transfer to ANY person, organization, law enforcement agency, medical examiner, or media outlet, any of the information found at the closed/private Doe Network Discussion Board. This includes but is not limited to: any current or archived group discussions contained in the forum, any current or archived group activities/projects contained in the forum, any current or archived case file information that is not included on the case files of the Doe Network's public website.

I am aware that due to the sensitive nature of the information dealt with by the Doe Network, the data/postings/personal opinions located on this Discussion Board is not to be shared with ANY persons outside of the Doe Network organization, with the exception of the Administration and/or the Area Directors' relationships with their respective law enforcement or medical examiner agencies. I am aware that this means that outside of the guidelines for Administrators and Area Directors, it is not acceptable to copy/paste/print ANY of the information located on the private Doe Network discussion forum.

As a Doe Network Member:

- I understand that all actions at the Doe Network are held accountable to law enforcement. I understand that the Doe Network has established rules, policies, and procedures in place for a reason, and all members are expected to conduct themselves accordingly.
- I understand that Doe Network members do not investigate cases. I understand that members primarily pair missing person cases with unidentified person cases and submit them to the Doe Network Potential Match Panel for review. I understand that once my match has passed the Panel, the Area Directors then pass the matches along to law enforcement for consideration.
- I understand that I do not have permission to contact law enforcement, medical examiners, media outlets, and others in related professional fields, or to represent myself in any official capacity on behalf of the Doe Network. I understand exceptions include members of the Area Teams and Administrators; and members who are *actively employed* as a law enforcement officer, medical examiner, or others in *related* professional fields.
- I understand that I do not have permission to contact the families of missing persons. If a family member contacts me, then communication may continue, but cold contact with family members is prohibited. I understand that there are no exceptions to this rule.
- I understand that as a Doe Network member I am limited to only submitting Potential Matches to the Doe Network. I understand that submitting matches to, or through, other organizations/websites is prohibited.
- I understand that lack of activity on my Doe Network account over 90 days, without prior agreement with Doe Network Administration for a leave of absence, will result in membership termination and re-application will be required for membership. I understand that if I need to take a leave of absence from Doe Network membership lasting 90 days or more, I am required to contact Doe Network Administration for prior agreement in order to prevent my membership from being terminated due to inactivity.

Additionally, by signing below, you certify that all information you supplied is true and correct to the best of your knowledge.

Printed Name _____

Signature _____ Date signed: _____

Notary Public:

Please note, applicant must present photo identification, proof of being 18 years of age or older, and sign the agreement above in your presence.

Sworn to and subscribed before me this _____ day of _____, 20____ the above applicant personally appeared to me and presented photo identification, stating that the above information provided is true and correct, and that the individual is at least 18 years of age. To the best of my knowledge I have not willfully misled the Doe Network regarding any substantiated facts.

Notary Public

Print Name: _____ Signature: _____

Commission No. _____ Commission Expires _____

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