DoeNetwork
International Center For Unidentified & Missing Persons

Volunteer Application

Instructions:

1. Read and fill out the application in its entirety **online, using Adobe Acrobat Reader** or a similar application. The application MUST be typed. Handwritten applications will not be accepted.

2. Once you have filled out the form in its entirety **except for the signature and date**, print the application form and take it to a Notary Public. This is needed in order to confirm your identity.

3. Present photo identification, sign, and date in the presence of a Notary Public and have the application notarized. Notary Publics are often available free of charge at your local financial institution or public libraries. You may need to shade the embossed notary stamp with a pencil so that it will be visible when scanned. If you reside outside of the United States, or are having difficulty finding a Notary Public, please contact the Membership Coordinator for alternative methods of confirming your identity.

4. Scan and email all completed pages to membership@doenetwork.org. We do not accept paper applications at this time. Incomplete applications will not be processed. Please note that the Doe Network reserves the right to refuse membership without disclosure.

Contact Information:

First Name

Last Name

Home Address

City

State/ Province

Postal Code

Country

Primary Phone Number

Secondary Phone Number

Primary Email Address

Secondary Email Address

Please check if one of the following applies to you:

- ☐ Family member of missing loved one
- ☐ Forensic Science Professional
- ☐ Law Enforcement Professional
- ☐ Student in related field

If you checked "Family Member," please provide the name of your missing loved one, and the name and contact information for the agency/investigators involved in the case:

If you checked "Forensic Science Professional" or "Law Enforcement Professional," please provide your title, agency name, and agency phone number:

If you checked "Student in Related Field," please provide your area of study, academic institution, degree expected, and date of expected degree:

Type of Membership/ Position Applying For (you can check more than one):

- ☐ Area Director
- ☐ Researcher
- ☐ Please choose a position for me

If you chose "Area Director" or "Researcher," please list states/countries that you would be interested in working for (Please Note: you do not have to reside in a state to be qualified for the position):

What type of computer applications and web sites have you worked with? Check as many as applicable:

- ☐ Adobe Acrobat
- ☐ Dropbox
- ☐ HTML/XML
- ☐ JSON
- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ Drupal
- ☐ Dreamweaver
- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Snapchat
- ☐ Newspapers.com
- ☐ Google Newspapers
- ☐ WordPress
- ☐ NamUs
- ☐ Google Drive
- ☐ Simple Machines
- ☐ Westlaw
- ☐ LexisNexis
- ☐ Javascript
- ☐ Other (please list)

Please list any languages you are proficient in (besides English):

Have you ever been convicted of a felony?

☐ Yes ☐ No

If you checked "Yes" above, please explain the charges in detail. Attach additional pages if necessary.

Please tell us why you are interested in volunteering for the Doe Network.

Please tell us how much time you are able to volunteer for us (check one):

☐ 4-6 hours per week

☐ 7-9 hours per week

☐ 10 or more hours per week

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 30 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 30 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.

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. However, the Doe Network reserves the right to refuse any application without disclosure.

(Next Page for Applicant Signature and Notary Public Authorization)

Printed Name:

Signature (leave blank until printed):

Date Signed (leave blank until printed):

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 mislead the Doe Network regarding any substantiated facts.

Notary Public Print Name:

Signature:

Commission Number:

Commission Expires: