



## Volunteer Application

Date \_\_\_\_\_

Contact Information		Birthday: ___/___/___
Name		
Street Address		
City, State, ZIP		
Main Phone		
Alternate Phone		
E-Mail Address		

Will you allow us authorization to do a background check?    ___ Yes    ___ No
Will you allow us to use your photograph in our outreach materials? ___ Yes    ___ No
Have you ever been convicted of a criminal offense?    ___ Yes    ___ No
(If yes, please explain)

Availability		
<b>Please indicate your available hours below</b>		
Does it change per semester? ___ Yes    ___ No		
Monday ___ Morning ___ Afternoon ___ Evenings	Thursday ___ Morning ___ Afternoon ___ Evenings	Other:
Tues ___ Morning ___ Afternoon ___ Evenings	Friday ___ Morning ___ Afternoon ___ Evenings	
Weds ___ Morning ___ Afternoon ___ Evenings	Weekend ___ Morning ___ Afternoon ___ Evenings	

Interests	
Tell us in which areas you are interested in volunteering; Rate your interest by 1 – First Preference, 2- second preference, 3- Third Preference	
<b>Direct Service</b>	<b>Community Education</b>
___ General Advocate	___ Booth Supervisor
___ Hotline Advocate	___ General CE Volunteer
___ Hospital Accompaniment	___ Social Media
___ Economic Empowerment/ Life Skills	___ Research/ Translation
<b>Fundraising/ Development</b>	<b>Administration</b>
___ Grant Writer/ Research	___ Clerical Volunteer
___ Fundraising Planning Committee	___ Database Volunteer
___ Other:	

**Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities. **Please list any languages spoken.**

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**Experience with Immigrant Issues**

What is your familiarity with Immigrant Issues and Social Services?

**Experience with Domestic Violence / Sexual Assault**

Describe any work experience with domestic violence or sexual assault issues.

**Hobbies/ Special Interests**

List any Hobbies / Special Interests

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**Volunteer Expectations**

What do you expect to gain from participating as a volunteer?

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I, hereby, certify that the above information is accurate and true.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Person to Notify in Case of Emergency

Name	
Street Address	
City, ST ZIP	
Home Phone	
Work Phone	
E-Mail Address	

### References

Please provide three references (not relatives) who we may contact for a character reference. **One must be a professional reference (i.e. employer, professor, or previous volunteer supervisor).** Providing e-mail address whenever possible is preferred and speeds up this process.

Name / Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Name / Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Name / Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**CONFIDENTIALITY POLICY / AGREEMENT**

I understand that I have the responsibility to uphold AFSSA’s confidentiality policy.

Having accepted volunteer work at AFSSA, I hereby acknowledge that I am fully aware of the confidential nature of my position and work, and of my obligation to the clients, staff, and supporters of AFSSA to safeguard information with which I am entrusted.

I understand that any information concerning the identity of individuals served by AFSSA is to be kept confidential at all times. I also understand that any information about the individuals served by AFSSA is to be kept confidential. The confidentiality agreement covers the services rendered by AFSSA and the information shared by the clients in the course of receiving services.

The only exceptions to the above policy are listed below:

1. When AFSSA is bound by law to report suspected child abuse, elder abuse, the abuse of a person with a disability, homicide, homicidal and/or suicidal threats,.
2. When a AFSSA client signs specific authorization to release information and the authorization is in the client’s file, the authorization will be honored.
3. AFSSA will comply with court orders and properly issued subpoenas.
4. When AFSSA staff is bound by state law requirements to report abusive, illegal, or sexually exploitive acts by other mental health professionals or organizations,

I have read, understood, and agree to comply with the Confidentiality Policy described above while at AFSSA and after ending my association with the organization.

SIGNATURE	
PRINTED NAME	
DATE	

**VOLUNTEER RELEASE FORM**

In consideration of the acceptance of my voluntary work with/for AFSSA, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, against AFSSA as a result of my volunteer work.

This release is intended to discharge AFSSA, its Board Members, officers, employees, and volunteers from and against any and all liability arising out of or connected in any way with my participation in voluntary work with/for AFSSA.

I further understand that I waive any right to compensation as a provision for my volunteer service.

SIGNATURE	
DATE	

**CONSUMER REPORT DISCLOSURE & RELEASE FORM**

Each volunteer or employee who is to be screened must sign an authorization/ waiver background form, giving approval for AFSSA and AMERICANCHECKED, INC to perform a criminal background search. Required wording for the consent follows:

I hereby give permission in exchange for good and valuable consideration for AFSSA to obtain information relating to my criminal history record, through AMERICANCHECKED, INC. The criminal history record as received from the reporting agency may include juvenile offenses, arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, as part, to determine my eligibility for a volunteer or employee position with this organization. I also understand that as long as I remain a volunteer or employee here, the criminal history records check can be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I further understand, however, that in accordance with applicable provision of Texas law, I will not be allowed to keep or photocopy my criminal history record transcript.

I authorize AMERICANCHECKED, INC. to prepare a criminal report or investigative consumer report about me and disclose such to AFSSA. Further purpose of determining my eligibility for employment retention, promotion or suitability as a volunteer. If AFSSA is placing me with another entity, I consent to the report being provided to such other entity. If hired, contracted or accepted as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of future reports at any time during my employment / volunteerism or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I, the undersigned, do for myself, my heirs executors and administrators, hereby fully release and forever discharge AMERICANCHECKED, INC. and AFSSA, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This includes any harm from and against any and all cause of actions, suits, liabilities, cost, debts, and sums of money, claim and demands whatsoever and any and all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee with AFSSA. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my employment/volunteerism.

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

Print your full name

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Print other last names you have used

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For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Street Address	
City, State, Zip	
How long at above address?	
Home / Cell Phone	
Work Phone	
Email	
Sex/ Race	
Date of Birth	
Social Security Number	
Driver's License Number	
State Issuing License	

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

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Office use only: Passed \_\_\_\_\_ Failed \_\_\_\_\_ Date of CBC \_\_\_\_\_