



Name _____ Date _____
Address _____
City, St, Zip _____
Phone Home _____ Work _____
Other Phone _____ Email _____

Birth Date _____

Best time and place to contact you: _____

Person to contact in case of emergency: _____
Relationship _____ Phone _____

WORK HISTORY

Occupation _____

Current Employer _____ Phone _____
Address _____
City, St, Zip _____
Past Employers _____

VOLUNTEER EXPERIENCE

Current Volunteer Positions _____

Past Volunteer Positions _____

EDUCATION (Please circle one)

1 2 3 4 5 6 7 8 9 10 11 12
Grades

1 2 3 4
College

1 2 3 4
Post-Grad

Other Educational Background

REFERENCES

Please list the name, address and phone numbers of three work or personal references – not relatives:

1. Name _____ Phone _____
Address _____
City, St, Zip _____

2. Name _____ Phone _____
Address _____
City, St, Zip _____

3. Name _____ Phone _____
Address _____
City, St, Zip _____

Why are you interested in volunteering at AWAIC?

How did you hear about AWAIC?

Do you have any special skills or additional information that would be relevant that you care to share with us?

VOLUNTEER OPPORTUNITIES

Please indicate which of the following opportunities you are interested in. (You may choose more than one.)

- Shelter – Crisis Line
- Administration
- Special Events
- Children’s Groups
- Fund raising
- Court Advocacy
- Emergency Response Team (SAFE-T)
- Speaker’s Bureau

Have you ever applied as a volunteer or been a volunteer for AWAIC in the past? Yes/No

If yes, when? _____

AVAILABILITY

Please indicate what days and times you can commit to AWAIC:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Can you commit at least one year to the volunteer program? Yes/No

1. Have drugs or alcohol ever been a problem for you personally? If yes, please explain.

2. Have you ever been convicted of a felony? If yes, please explain.

3. Have you, or a member of your immediate family, or partner, been a client of AWAIC’s within the past year? If yes, please explain.

4. What skills, experience and/or education do you have that would be useful to you in the type of volunteer work you are interested in doing at AWAIC?

5. Have you had any previous volunteer experience? If so, what was it like?

6. Please tell me a little about yourself. What was growing up like? What was your family like?

7. Do you have any personal experience with the issues we address? If so, how have you dealt with them?

8. What do you think children need to grow up healthy and happy?

9. How do you usually react to pressure or stress? What type of support system do you have?

10. What do you think are some of the causes of domestic violence?

11. May we print your name in our newsletter and/or local newspaper as it relates to your volunteer participation? Yes/no

I certify that all of the information concerned in this application is true and accurate. I authorize the release of information from those listed as work/personal references to AWAIC of all information pertaining to my interest in volunteering with this agency. I will undergo a background check if necessary to my placement. I understand that participating in volunteer training does not automatically qualify me to be placed as a volunteer and that my placement and on-going status here are purely at the discretion and judgment of AWAIC.

Signature

Date

CLIENT CONFIDENTIALITY AGREEMENT FOR AWAIC VOLUNTEERS

I understand that AWAIC maintains a policy of strict confidentiality with regard to its clients. I agree that I will act in a professional manner by respecting the rights and confidentiality of AWAIC clients. I also agree I will not discuss with others outside of AWAIC any information I may see or overhear about any client of AWAIC, including but not limited to, the name of the client, any information relevant to the client or his/her family history, or any other information which could in any way endanger the client's present situation.

The only exceptions to this agreement are as follows: 1.) I have obtained from the client a Release of Information to speak with a specific individual regarding the client; 2.) I am mandated as an on-going direct service volunteer to report child abuse, elder abuse, and abuse of the developmentally disabled to AWAIC staff. AWAIC staff will be responsible to make a report to the Office of Children's Services, Adult Public Assistance, and the Anchorage Police Department as appropriate; and 3.) In compliance with State regulations regarding the duty to warn, should I obtain confidential information that causes me to believe that an individual is going to harm her/himself or others, I must inform AWAIC staff of such assessment. AWAIC staff will be responsible to make a report to the appropriate agency.

I further agree that if I breach this agreement in any way other than those outlined in the exceptions above, AWAIC shall have the right to terminate my services or to release me from service at any time.

Volunteer Signature

Date

Witness

Date