



NATIVE AMERICAN CONNECTIONS

## Volunteer Profile

Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_  Home  Cell  Work  Other

Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**How did you learn about Native American Connections or our programs?**

\_\_\_\_\_  
\_\_\_\_\_

**Indicate the reason you are seeking a volunteer position (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Personal fulfillment               | <input type="checkbox"/> Professional development |
| <input type="checkbox"/> Family/friends involved in service | <input type="checkbox"/> Extra time               |
| <input type="checkbox"/> DES/Community Service Requirement  | <input type="checkbox"/> Other _____              |

**When would you like your volunteer position to start? (date)** \_\_\_\_\_

**How long do you expect to be with the organization as a volunteer?** \_\_\_\_\_

**How many hours a week/month can you contribute?** Week \_\_\_\_\_ Month \_\_\_\_\_

**Do you have reliable transportation?**  Yes  No

**Is there a particular type of volunteer work in which you are interested (check all that apply)?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Tutoring       | <input type="checkbox"/> Projects To Go |
| <input type="checkbox"/> Cooking         | <input type="checkbox"/> Special Events | <input type="checkbox"/> Donations      |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Other _____    |   |

**What days/times are you available**

MONDAYs \_\_\_\_\_ to \_\_\_\_\_

TUESDAYs \_\_\_\_\_ to \_\_\_\_\_

WEDNESDAYs \_\_\_\_\_ to \_\_\_\_\_

THURSDAYs \_\_\_\_\_ to \_\_\_\_\_

FRIDAYs \_\_\_\_\_ to \_\_\_\_\_

SATURDAYs \_\_\_\_\_ to \_\_\_\_\_

4520 N. CENTRAL AVE. • PHOENIX, AZ 85012 • PHONE: (602) 254-3247

• WEBSITE: WWW.NATIVECONNECTIONS.ORG

**Please note if you have experience with the following:**

**Improvements**

Painting    Landscaping    Concrete    Other : \_\_\_\_\_

**Office Work**

Filing    Copy Machine    Scanner    Typing   How fast \_\_\_\_\_ wpm    Other: \_\_\_\_\_

**Donation Assistance**

Sorting Clothes    Cooking    Making Sandwiches    Helping with Events

List any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

List any organizations of which you are currently a member: \_\_\_\_\_

\_\_\_\_\_

**Criminal Background**

Have you been convicted of, plead guilty to, or plead no contest to any crime (including DWI/DUI, but excluding minor traffic violations) in the past 7 years that has not been annulled, expunged, or sealed by a court?

Yes    No   (**Note:** A "yes" response does not, necessarily, disqualify you from volunteering with NAC.)

If yes, please explain, (city, state, date, offense and circumstances). \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts** (must be completed)

Name of person \_\_\_\_\_ Phone # \_\_\_\_\_

Name of person \_\_\_\_\_ Phone # \_\_\_\_\_

**Please read the following carefully and sign on the line provided**

I hereby acknowledge that I have voluntarily chosen to work as a volunteer with Native American Connections, an Arizona nonprofit corporation.

I fully understand that participating in the Volunteer Program may involve being transported in a Native American Connections van with individuals who are receiving services from Native American Connections. I am aware of the risks inherent in being transported by motor vehicle.

With full knowledge and understanding, I do hereby, waive my right to make claims for damages or liabilities that might occur to me while I am involved in the Volunteer Program.

I understand and fully acknowledge that, in volunteering for NAC, I am entering an AT WILL relationship and that this relationship may be terminated at any time by me or by NAC with or without notice for any reason.

I understand that, as a volunteer, I will be expected to maintain professional and respectful relationships and interactions with all clients, staff and fellow volunteers of NAC.

I further understand that by signing this agreement, I give permission for NAC to contact references and to check my driving and criminal background. I understand that I may have to give additional information to NAC to secure such records.

I understand that Native American Connections and all its programs are governed by the Article 42 § 2 of the Federal Regulations Code and that this regulation prohibits my discussing who participates in our programs, what services they receive and anything else related to their relationship with Native American Connections. I understand that this prohibition includes law enforcement and other non-profit organizations, except those that have an official partnership with NAC, and that discussing any client information with anyone outside of NAC is a violation of this regulation. I also understand that this prohibition includes discussing written reports and client charts.

It is also my understanding that all information I provide to Native American Connections is true and complete to the best of my knowledge. I understand that giving false information is sufficient cause for immediate dismissal.

I understand that I may be asked to attend further training to ensure the overall safety and security of all NAC clients, staff, and volunteers.

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

Additional Available Training

- NAC Orientation
- Drivers Training
- Motivational Interviewing
- Confidentiality
- Street Outreach
- Cultural Awareness
- Law, Ethics and Confidentiality