

Volunteer Application

Social Services Interagency Council

Lake Havasu City, Arizona

A United Way Participating Agency

This volunteer application may seem lengthy, but due to the sensitivity of confidentiality in the variety of our programs, we need to seek more information from you. Thank You for taking the time to fill this out.

DATE OF APPLICATION _____

NAME _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE _____ DATE OF EXPIRATION _____

E-MAIL _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ CELL PHONE (____) _____ OTHER PHONE (____) _____

EMPLOYMENT

PLACE OF EMPLOYMENT _____ POSITION _____

WORK PHONE (____) _____ CAN YOU RECEIVE CALLS AT WORK? YES NO

IF YES, WHAT HOURS AND DAYS DO YOU WORK? _____

EDUCATION

HIGH SCHOOL _____ CITY _____ STATE _____ DIPLOMA? _____

COLLEGE _____ CITY _____ STATE _____ DEGREE? _____

MONTHS YOU ARE ABLE TO VOLUNTEER? _____

LIST ANY CLUBS, ORGANIZATIONS, OR WHICH GROUPS YOU BELONG. _____

LIST SPECIAL INTERESTS OR HOBBIES. _____

HOW DID YOU LEARN ABOUT VOLUNTEERING FOR THE INTERAGENCY COUNCIL? _____



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REFERENCES

LIST THREE NON-FAMILY REFERENCES THAT ARE FAMILIAR WITH YOUR PERSONALITY, WORK HABITS, AND CHARACTER.

1. NAME _____ RELATIONSHIP TO SELF _____

PHONE NUMBER (_____) _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

2. NAME _____ RELATIONSHIP TO SELF _____

PHONE NUMBER (_____) _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

3. NAME _____ RELATIONSHIP TO SELF _____

PHONE NUMBER (_____) _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATIONSHIP TO SELF _____

ADDRESS _____ PHONE NUMBER _____

◆ **SOME** OF THE VOLUNTEER AREAS REQUIRE THE FOLLOWING INFORMATION ◆

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN: _____

WOULD YOU BE WILLING TO BE FINGERPRINTED? YES NO



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Lake Havasu City, Arizona

Declaration of Confidentiality

I, _____ Interagency Council Volunteer, do hereby declare that I understand all of Interagency Council's Volunteers will strictly observe the principles of confidentiality. Therefore, I promise:

1. _____ I will not reveal any information which might lead to the
Initials identification of any Interagency Council client.
2. _____ I will not give any information to anyone that might be
Initials harmful to the Interagency Council, its members, or its policies.
3. _____ When my relationship with the Interagency Council is
Initials ended, I will keep all information related to any client and the Interagency Council confidential.

I understand that if I break this Declaration of Confidentiality in any way, I may be asked by the Interagency Council Board of Directors to resign.

Signature of Volunteer

Date



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SOME OF THE VOLUNTEER OPPORTUNITIES

Please circle each area you are interested in learning more about.

CHILDREN'S PROGRAMS (0-5 YEARS OLD) (*Child and Family Resources Department*)

ADVISORY BOARD: Serve on the Child and Family Resources Advisory Board to assist in the sustainability of programs. The two primary purposes include resource development and community outreach.

CHILDREN'S PROGRAM: work with children 2 hours at time, once or twice a week while adults are in class or group. It's best if the children see the same face as often as possible.

CHILDREN'S FOOD PROGRAM: Assist in preparing food bags to be distributed to families with children 0-5 years old. Volunteer time is flexible.

DOMESTIC VIOLENCE PROGRAMS

ADVISORY BOARD: Serve on the Domestic Violence Advisory Board to assist in the sustainability of domestic violence programs. The two primary purposes include resource development and community outreach.

COURT ADVOCATE: This person is trained to advocate in the court for the victims of domestic violence. Training is required and provided. Volunteer can expect a commitment of 2-3 hours a week.

CRISIS INTERVENTION TEAM: Work on a team and respond to crisis calls; this team may go to the victim's home with an officer. This requires a call time and a beeper that is worn on call. Training required and provided. Time varies.

CRISIS LINE: Take a crisis call from your home telephone via an answering service. Callers do not know your name or phone number. Training required and provided. Volunteer time specified by you.

SALLY'S PLACE DOMESTIC VIOLENCE SHELTER: Assist with answering telephone calls and being a companion to victims of domestic violence. Volunteer time is flexible.

FINANCIAL RESOURCE PROGRAMS (*Financial Resources Department*)

ADVISORY BOARD: Serve on the Financial Resources Advisory Board to assist in the sustainability of assistance programs. The two primary purposes include resource development and community outreach.

CHIN-UP (CARING FOR HAVASUVIANS IN NEED – UNITED PROJECT): Work at home cutting coupons, sorting coupons, stamping coupons, collecting coupons and dropping off the coupons at Interagency. Help hang coupons at the following grocery stores: Food City and Smiths'. This requires one hour at the store in the early morning.

COMMUNITY FOOD BANK: Assist with the distribution of food to clients or stock food on weekly basis. Volunteer 2 hours a week. Mondays/Wednesdays/Fridays.

DIRECT SERVICES RECEPTION: Assist with reception area phones and applications. This requires one day a week for four hours.

YOUTH PROGRAMS (5-17 YEAR OLDS) (*Youth Resources Department*)

ADVISORY BOARD: Serve on the Youth Resources Advisory Board to assist in the sustainability of youth programs. The two primary purposes include resource development and community outreach.

BIG BROTHERS BIG SISTERS: Become a mentor and spend one-to-one time with a child/youth to help promote healthy growth and development resulting in a successful transition to young adulthood. Mentors are paired with the same child for a specified length of time. Time commitment varies.

STUDENT ASSISTANCE PROGRAM: Work on a team in the schools facilitating positive peer interaction in a support group setting for youth. Training required and provided. This requires one hour a week for eight weeks.

OTHER VOLUNTEER OPPORTUNITIES (*Administration Department*)



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ADOPT A FAMILY: Assist in the implementation of the Adopt-A-Family Program. (October- December)

BOARD OF DIRECTORS: Serve as a volunteer overseeing the operations of the Interagency Council.

HANDY MAN: Individual will help with painting, change light bulbs, etc. Time not specified.

RESPIRE ADULT DAY CARE: Assist with daily activities and crafts by interacting with clients who have dementia or Alzheimer's. Volunteer from 8am to 2pm Monday-Friday

