



VOLUNTEER APPLICATION

Applicant's Name: _____ Date: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Work Phone: _____ May we call you at work? ___YES___NO

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

I. Volunteer Talents

A. Which of the following volunteer roles interest you?

- Tutoring** – Tutor a child for one hour once or twice a week.
Tutor Subjects: _____
- After School Programs** – Use your special talent: Music, Drama, Dance or Art to help teach children in an afterschool setting.
- Event Partner** - Join our team as we go out to events to promote programs.
- Clerical Support** – Use your administrative skills to help support our program staff.
- Writing Grant / Proposal**
- Fundraising**
- Job Shadowing**

B. Why are you interested in volunteering?

C. Are you fluent in any language other than English (including sign language)?

- Yes No If yes, please list the language(s):

D. Skills Assessment (Please check all that apply.)

- Computer/Internet Organizing/Scheduling
- Public speaking Marketing Grant Writing
- Teaching/Training Writing Data Entry Graphic Design
- Other _____

E. Availability

Preferred days and times:

- Monday Morning Afternoon
- Tuesday Morning Afternoon
- Wednesday Morning Afternoon
- Thursday Morning Afternoon
- Friday Morning Afternoon
- As Needed

F. Are you licensed and able to drive an automobile? Yes No

G. As an Encourage Tomorrow volunteer you will be required to be fingerprinted for DOJ/FBI.

III. References

Please list two references who are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Do you know of anyone who may be interested in volunteering? ___ Yes ___ No

Name: _____ **Phone:** _____

E-Mail: _____

V. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that as a volunteer I will provide unpaid services to Encourage Tomorrow and it will not be used for my personal monetary gain.

Signature: _____ **Date:** _____

Please mail or fax this form to Encourage Tomorrow
2491 W. Shaw Avenue Suite 110
Fresno, CA 93711
559-233-2870 Fax
559-233-2880 Phone

VOLUNTEER AGREEMENT

As a volunteer for the Encourage Tomorrow, I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer job descriptions, handbooks, manuals, and other guidance. Encourage Tomorrow is not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

Nature of Volunteer Service

- I understand that as a volunteer, I will be relied upon to serve Encourage Tomorrow beneficiaries and their community. The scope of responsibilities varies for each volunteer.
- I understand that my responsibilities may include providing accurate and objective assistance..
- I understand that my responsibilities may include the use of internet based programs to help research and provide information to the VIP Coordinator.
- I understand that my responsibilities may also include educating the public on Encourage Tomorrow programs and services.
- I understand that my volunteer activities may need to take place at specific event locations throughout Fresno County.
- I understand that I must submit monthly documentation of my activities to my VIP Coordinator.

I understand that my participation with Encourage Tomorrow is to provide services free of charge.

Confidentiality

- I understand that I will have access to certain files and other sensitive information about my clients, and other personal data of a sensitive or confidential nature.
- I agree to keep such information confidential and to use it only to perform my duties as a volunteer for Encourage Tomorrow.

Conflict of Interest

- I will not disclose or use confidential or other personal information obtained from Encourage Tomorrow for personal gain or the gain of my employer or any other party.

Agreement

- I understand that as a _____ volunteer, I am committing to _____ hours each month.
- I agree to attend initial and update training programs as required.
- I agree to respect the confidentiality of Encourage Tomorrow and to exercise good faith and integrity in performing my duties as a volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____