

**Volunteer Application**

**Volunteer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle: work / cell / home)

Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle: work / cell / home)

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

Occupation / School & Focus of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about USCRI Albany? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability:** Approximately how many hours per week are you interested in volunteering? \_\_\_\_\_\_\_\_

Availability includes: ❑ Weekdays, day time ❑ Weekdays, evening ❑ Weekends

What date would you like to start volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_End date? \_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions: Do you have any health concerns or special needs we should be aware of?

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

USCRI must speak to two personal references regarding volunteer applicants’ character and reliability before a volunteer can work directly with USCRI’s clients.

**Please list two (2) personal references** who have known you more than one year.

1. Reference name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reference name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Application Continues on Reverse***

|  |  |  |  |
| --- | --- | --- | --- |
| *Office Use Only:* DR \_\_\_\_\_\_ CW\_\_\_\_\_\_\_ |  VL GG DB HV | AR CC RC  | OK: |
| PNV HH FD VHM I/T |  NS: |

***Volunteer Roles***

*Please indicate one or more ways you would consider volunteering with USCRI Albany*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Role* | *Description*  | *Time commitment* |
| 🞏 | **Patient Navigator Volunteer**  | Provide transportation and “waiting room advocacy” during refugees’ first health appointments. | Weekdays, business hours. 6-8 hours/month. |
| 🞏 | **Housing Helper** | 🞏 Heavy lifting 🞏 lighter set-up tasks 🞏 willing to use my vehicle🞏 organize donated goods in warehouse | Weekdays, business hours.Needs vary by week and are communicated via email. |
| 🞏 | **Front Desk Volunteer** | Welcome and assist clients in person and on the telephone; coordinate with staff and interns; administrative assistance. | Weekdays, business hours.Must commit to a weekly shift of 3 or more hours per week for at least 6 months. |
| 🞏 | **Interpreter/ Translator** | Provide interpretation in person or over the phone; translate documents | Weekdays, business hours. On call / As needed *Needed languages: Karen, Burmese, Arabic, Farsi/Dari, Nepali, French*  |
| 🞏 | **Refugee Mentor**  | Mentor a refugee for 6 months or longer, helping them to navigate their new home and community | Must commit to a minimum of 2 hours per week for at least 6 months.  |
| 🞏 | **Employment Educator Volunteer** | Help refugees write resumes, complete job applications, and practice interviewing skills.  | Required commitment of 2 hours per week during business hours. |
| 🞏 | **Pro Bono Attorney** | Assist refugees and immigrants who wish to become U.S. citizens, obtain green cards, or apply for family reunification.  | Based on availability.  |
| 🞏 | **ESL Assistant Teachers** | Provide assistance to our refugee students at our ESL classes  | Must commit a minimum of 3 hours per week |

|  |  |  |  |
| --- | --- | --- | --- |
| Into which age group do you fall? | ❑ under 18 years | ❑ 26-35 years | ❑ 46-65 years |
| ❑ 18-25 years | ❑ 36-45 years | ❑ over 65 years |

Help us get you started. Please share anything that you feel would be important for us to know about you and your interests, education, and skills.

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

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I certify that the information on this application is correct to the best of my knowledge. I also am willing to submit to any pertinent background check deemed necessary by the USCRI Albany Field Office.

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

**Signature** **Date**

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**Volunteer Agreement**

*Thank you* for your interest in volunteering with the US Committee for Refugees and Immigrants in Albany. For the safety of our clients, we require that you sign where requested on the next two pages to indicate your agreement with our policies, and that you provide us with permission to complete background checks.

**Confidentiality Agreement**

I understand that any and all information that I may receive while performing my prescribed duties as an USCRI Albany volunteer is strictly confidential.

Examples of such information include, but are not limited to, a client’s name, legal status, medical condition and treatment, finances, living arrangements, employment, and personal history. Also included are USCRI Albany paperwork, case files, and other information volunteers may come across while in the USCRI Albany office.

I agree not to remove from USCRI Albany premises any materials that may jeopardize the confidentiality of an USCRI client, donor, staff member, or volunteer. I agree not to disclose any information of a confidential nature whether while in performance of my duties or after I have terminated my involvement with USCRI Albany.

I understand that the violation of a client’s confidentiality is grounds for immediate termination as an USCRI Albany volunteer.

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

**Volunteer Insurance Clarification**

I shall work for USCRI Albany at my own risk and accordingly, hereby release USCRI Albany and its officers, directors, employees, agents, and its and their respective heirs, legal representatives, successors and assigns, from any and all claims and liability relating to my provision of volunteer services for USCRI Albany.

I understand that I am not considered an employee of USCRI Albany while performing work for the organization. I further understand that, as a volunteer, I am not covered by Workers’ Compensation Insurance for medical coverage or loss of wages for any injury that may occur while I am acting as a volunteer. Nonetheless, I agree to report any injury, regardless of severity, to the director or volunteer coordinator.

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

**Office Policy Agreement**

I understand that as a volunteer with USCRI Albany that I am to comply with USCRI Albany office policies, including: keeping in regular contact with the volunteer coordinator, submitting monthly time-sheets and assistance forms, and representing USCRI at all time in a professional and responsible manner.

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

**Criminal History**

Have you ever pleaded guilty of or been convicted of a felony or misdemeanor? ❑ Yes ❑ No

*If Yes, please explain:*

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

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**Driving Clients**

*Please initial 1 option*

\_\_\_\_\_ I will *not* be transporting clients in my vehicle

\_\_\_\_\_ I may transport clients in my vehicle, and agree to the following:

* I understand that volunteers transport clients at their own risk
* Before I transport any clients in my vehicle, I will provide USCRI Albany with a **photocopy of my Driver’s License, Vehicle Insurance, and Driving Record**

USCRI and its representatives must ensure complete adherence to federal guidelines on **prohibiting proselytizing** of any kind in federal-funded programs. Volunteers may not conduce our clients to convert to any faith or religion. Please indicate your willingness to comply with this policy and your commitment to respecting the sensitivities of refugees who might hesitate to refuse offers to accompany volunteers to particular places of worship. ❑ I agree ❑ I disagree

Please indicate below your willingness to abide by USCRI policy on **clear** **identification of volunteers**.

I understand that if my volunteer application is accepted, and if I accept this volunteer position, I will be acting as a representative of USCRI and must therefore wear a name tag indicating my name and my affiliation with the agency for at least the first three months that I interact with any client. ❑ Yes ❑ No

I certify that the information on this application is correct to the best of my knowledge. I also am willing to submit to any pertinent background check deemed necessary by the USCRI Albany Field Office.

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

**Signature** **Date**

*Please return to:*

U.S. Committee for Refugees and Immigrants, Albany Field Office

991 Broadway, Suite 223 • Albany, NY 12204

phone (518) 459-1790 • fax (518) 459-1876 • info@uscri-albany.org

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