



VOLUNTEER APPLICATION AND AGREEMENT

I. Contact Information

Name: _____ Street Address: _____
Home Phone: _____ City, ST ZIP Code: _____
Work Phone: _____ E-Mail Address: _____
Do you speak Spanish? Yes No other: _____

II. Availability

When are you available for volunteer assignments?

____:____ to ____:____ Monday ____:____ to ____:____ Thursday
____:____ to ____:____ Tuesday ____:____ to ____:____ Friday
____:____ to ____:____ Wednesday ____:____ to ____:____ Saturday

III. Interest

In which areas are you best suited to volunteer?

____ Child Watch ____ Advocacy
____ Health/Wellness ____ Helping with a group activity
____ Fundraising ____ Administration (office work)
____ Other _____

IV. Skills

Please identify any skills and/or special talents you have that would benefit our agency?

Person to Notify in Case of Emergency

Name: _____ Street Address: _____
Home/Cell Phone: _____ City, ST ZIP: _____
Work Phone: _____ E-Mail Address: _____

V. Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Additionally, as part of the on-boarding process, all volunteers are subject to passing a criminal background check. Once the background check is cleared, the application will move forward in the process. (please initial below)

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my initial chances for volunteering and I hereby submit to a fingerprinting and background investigation, should it be required, at my own expense.

VI. Compensation

As this is a volunteer position, the person mentioned herein, agrees to donate his or her time freely and willing. Therefore, it is agreed upon that there will be no monetary compensation provided by Instituto Familiar de la Raza Inc. to the above mentioned person.

VII. Duration and Termination

I would like to start on the following date: _____

And will terminate on: _____

Thank you for completing this application form and for your interest in volunteering with us.

VIII. Agreement and Signature

This agreement is binding in honor only, and is not intended to be a legally binding contract between you (the volunteer) and the agency. Neither party intends any employment relationship to be created now or at any time in the future. This agreement may be cancelled at any time at the discretion of either party.

We would like to assure you that we, at Instituto Familiar de la Raza, Inc., appreciate your contribution to our agency. We are dedicated to ensuring that you have a quality volunteer experience which is both productive and rewarding.

By submitting this application I, _____, affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the volunteer coordinator and to receive on site orientation to perform my volunteer role.

Signature:

Date:

Please return application to Human Resources Department in person, by mail or sent via email to ana.esquivel@ifrsf.org