

Volunteer Application

Name _____ Date _____

Current Address _____

Home Phone _____ Cell Phone _____

Email _____

Age (If you are under 18) _____ Social Security Number (For Background Check) _____

Employer _____

Work Address _____

Title/Responsibilities _____

Education _____

Special Skills/Hobbies/Trainings _____

Community Affiliations _____

INTERESTS AS A VOLUNTEER

Are you interested in an ongoing volunteer commitment? ☐ Yes ☐ No

How many hours would you like to volunteer? _____

What days are you available?

What time are you available?

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

I am interested in...

☐ Tutoring/ Reading to Children

☐ Helping with Events

☐ Hosting/Teaching a class for the children

☐ Working in the office (organizing or helping with miscellaneous tasks needed by staff)

☐ Doing Special Projects (painting, cleaning, children's activities etc.)

☐ Stuffing Envelopes

☐ Gathering Donations

☐ Something else _____

Why are you interested in volunteering with Friends of the Children?

What is your experience with at risk Children?

What skills do you have that might help you as a volunteer with Friends of the Children?

Volunteer Agreements

Permission for Background Check

In processing my Volunteer Registration, *Friends of the Children* may verify all information provided by me and/or may procure or have prepared a consumer or investigative report for the purpose of obtaining information on prior employment, my character, general reputation, and criminal record. Such checks will include criminal background, fingerprinting and driving records checks. Criminal background checks will be done on the state and federal level (FBI). I understand that upon written request to *Friends of the Children*, I will be informed whether an investigation report was requested and given full information as to the nature and scope of this investigation.

Signature: _____ Date: _____

Materials Created

I understand that all materials created during volunteer activities including artwork, writing, film, photographs, videos, and other are the sole property of *Friends of the Children* and cannot be taken or used without expressed consent from *Friends of the Children*.

Signature: _____ Date: _____

Confidentiality Agreement

Each Volunteer may be privy to confidential information about the Chapters, program children and their families, *Friends of the Children* staff, process, issues, and the organization in general. As an organization, *Friends of the Children* does everything possible to protect the confidentiality of each Program child, family, staff member and volunteer. However, it is the responsibility of each person who is a part of the organization, paid or volunteer, to respect these confidences.

Much of the information we deal with at *Friends of the Children* is sensitive in nature. We treat this information with care and respect, and it is important that this information is held in confidence. Confidential information includes, but is not limited to, the following:

- | | |
|--|---|
| <input type="checkbox"/> Children's Names,
Folders and
Experiences | <input type="checkbox"/> Child Assessments |
| <input type="checkbox"/> Employee Names and Record | <input type="checkbox"/> Donor Information Management Plans |
| <input type="checkbox"/> Financial
Information | <input type="checkbox"/> Evaluation
Instruments |
| <input type="checkbox"/> Family
Information and
Experiences | <input type="checkbox"/> Contracts |
| | <input type="checkbox"/> Work processes and issues |
| | <input type="checkbox"/> Information about other Chapters |

In order to protect the confidentiality of such information, please take care when discarding any information/documentation outlined above by shredding/destroying the confidential material. Anyone who violates the confidentiality required by *Friends of the Children* will be asked to resign as a volunteer.

I understand that the work, the children and *Friends* with whom I volunteer entrust the program with highly confidential information. I will protect their privacy and confidences to the best of my ability except in an effort to protect the children from harm. I will not discuss them or their family matters, or any work processes or procedures, with persons or agencies outside *Friends of the Children*. If asked to share stories about *Friends of the Children* youth, I will seek advice from the Program Director or the Executive Director.

If I observe information from other chapters in the FOT C network, I will not discuss the content, nature or quality of the information with any other chapter including the local Portland chapter.

I fully understand the importance of protecting the confidentiality of Friends of the Children. I also understand the importance of protecting *Friends of the Children* youth from harm.

By signing this agreement, I agree to keep the confidentiality entrusted to me by the children, their *Friends*, *Friends of the Children* staff, and the organization in general.

Signature: _____ Date: _____