

1. Name: _____ Phone: _____
 Address: _____
2. Name: _____ Phone: _____
 Address: _____

How did you hear about us? _____

Please check the service areas that you would be most interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Child Activities | <input type="checkbox"/> Clerical/Office/Bookkeeping | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Corporate Outreach | <input type="checkbox"/> Editing/Writing | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Life Skills Mentoring |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Shopping/Errands | <input type="checkbox"/> Small Group/Counseling | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Telephone Reassurance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Web Development |
| <input type="checkbox"/> Yard Work/Home Repair | <input type="checkbox"/> Mentor | <input type="checkbox"/> Tutor |

What is your preference for assisting various age groups?

- Any Age Children Teens

Please indicate the hours and the days you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Have you ever been charged or convicted of a felony or misdemeanor? Yes No

If yes, please state full details: _____

Do you have a car with adequate insurance (\$100,000/\$300,000 limit) on personal auto insurance liability?

Yes No How far are you willing to drive? _____ miles

License expiration date _____ License # _____ State _____

Auto insurance expiration _____ Company _____ Policy # _____

Do you have any physical limitations or medical conditions that need to be considered when making assignments? Yes No

If yes, please explain: _____

In case of emergency contact:

Name: _____ Relationship: _____

Phone(s): _____

I hereby authorize the American Association of Caregiving Youth to (a) verify all statements and references in this application and; (b) undertake a background check on me, including without limitation, the local, state and federal law enforcement agencies and; (c) check Driving History Record if needed.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(If applicant is under 18)

AGENCY/VOLUNTEER AGREEMENT

This Agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the Agreement is to ensure you of our deep appreciation of your services and is to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

AGENCY

The American Association of Caregiving Youth (AACY) agrees to accept the services of:
_____ (volunteer) beginning ____/____/____ and we commit to the following:

- To provide adequate information, education, and assistance for the volunteer to be able to meet the responsibilities of his/her position.
- To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
- To respect the skills, dignity and individual needs of the volunteer.
- To be receptive to any comments from the volunteer regarding ways in which AACY might mutually better accomplish its goals.
- To make every effort to make the volunteer experience a rewarding one.

VOLUNTEER

I _____ (volunteer) agrees to serve as a volunteer and commit to the following:

- I will perform my volunteer duties to the best of my ability.
- I will adhere to AACY rules and procedures, including record keeping requirements and confidentiality of AACY clients.
- I will meet time commitments or provide adequate notice so that alternate arrangements can be made.
- I will not use illegal substances or smoke while volunteering with the agency, either at agency offices or in the home of a client.
- I know of no reason, medical or otherwise, which prevent me from carrying out my assigned tasks.
- I certify that all statements are true to the best of my knowledge.
- I give permission to AACY to verify all statements made and to perform a background check and driving history record check, if needed.

OATH OF CONFIDENTIALITY

The American Association of Caregiving Youth has a commitment to protect the privacy of the individuals it serves. All representatives of AACY, including volunteers, are bound by agency policy to protect the privacy of those receiving services. I agree not to discuss or disclose client and other agency information except with authorized agency personnel.

Volunteer Signature _____ Date: _____

Staff Witness Signature: _____ Date: _____

FOR AGENCY USE ONLY:

Date of Interview _____ Interviewed By: _____

Date of Orientation _____ Orientation Conducted By: _____

Date Background Verification/Fingerprints Received _____

Comments: _____

