

VOLUNTEER APPLICATION FORM

Send completed form via email to:
dcruz@aidnw.org or via direct mail to:
AIDNW, 1915 S. Sheridan Ave., Tacoma, WA 98405



Date of Application _____

PROGRAM OF INTEREST (CHECK ALL THAT APPLY)										
HOUSING	P-DAN	WELCOME CENTER	VISITATION	OTHER						
CONTACT INFORMATION										
FIRST NAME				M.I.	LAST NAME					
STREET ADDRESS				CITY		STATE	ZIP CODE			
CONTACT NUMBER			ALTERNATE PHONE: (specify: CELL/HOME/WORK)			EMAIL ADDRESS				
1 ST EMERGENCY CONTACT NUMBER			NAME OF 1 ST EMERGENCY CONTACT			RELATIONSHIP				
2 ND EMERGENCY CONTACT NUMBER			NAME OF 2 ND EMERGENCY CONTACT			RELATIONSHIP				
PERSONAL INFORMATION										
F	M	/	/							
SEX	DATE OF BIRTH		PLACE OF BIRTH			IMMIGRATION STATUS (IF NOT LPR or USC)				
RELIGION/CHURCH AFFILIATION			NATIONALITY/ETHNICITY			POLITICS/PARTY AFFILIATION (IF ANY)				
CRIMINAL BACKGROUND DISCLOSURE										
I declare under penalty of perjury that the following disclosure is complete, true and correct to the best of my knowledge:										
Signed:										
LIST ALL LAW ENFORCEMENT ARRESTS, DETENTIONS AND/OR CONVICTIONS INSIDE OR OUTSIDE OF THE UNITED STATES										
LANGUAGES										
ENGLISH SPEAKER	ENGLISH WRITER	FRENCH SPEAKER	FRENCH WRITER	RUSSIAN SPEAKER	RUSSIAN WRITER	SPANISH SPEAKER	SPANISH WRITER	OTHER: SPEAKER	OTHER: WRITER	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
RATE LANGUAGE PROFICIENCY ON A SCALE OF 1-5: 1=ELEMENTARY; 2= LIMITED WORKING; 3=PROFESSIONAL WORKING; 4= FULL PROFESSIONAL; 5=NATIVE SPEAKER										

TELL
US
MORE
ABOUT
YOURSELF

CROSS-CULTURAL/INTERNATIOANAL EXPERIENCES

PROFESSIONAL CREDENTIALS, IF ANY (EX: CLERGY, SOCIAL WORKER, THERAPIST)

ANYTHING ELSE YOU WOULD LIKE US TO KNOW

REFERENCES

1st REFERENCE CONTACT INFORMATION

FIRST NAME		M.I.	LAST NAME
STREET ADDRESS		CITY	STATE ZIP CODE
CONTACT NUMBER	ALTERNATE NUMBER: CELL/HOME/WORK		EMAIL ADDRESS

2ND REFERENCE CONTACT INFORMATION

FIRST NAME		M.I.	LAST NAME
STREET ADDRESS		CITY	STATE ZIP CODE
CONTACT NUMBER	ALTERNATE NUMBER: CELL/HOME/WORK		EMAIL ADDRESS

3 RD REFERENCE CONTACT INFORMATION				
FIRST NAME		M.I.	LAST NAME	
STREET ADDRESS			CITY	STATE
STREET ADDRESS			CITY	STATE
CONTACT NUMBER		ALTERNATE NUMBER: CELL/HOME/WORK		EMAIL ADDRESS
RELEASES				
1) Healthcare (Mandatory): Volunteers are not covered by medical insurance through AIDNW. I authorize AIDNW to contact the emergency contacts I have provided above. With my initials herein and my signature below, I confirm that I understand that if I am injured during my volunteer assignment, I am responsible for all medical costs and that AIDNW has no responsibility. _____				
2) Photography (Optional): With my initials herein and my signature below, I authorize AIDNW to photograph me and to use such photos in promotional materials and related publications without remuneration to me. _____				
3) Media & Public Relations (Optional): With my initials herein and my signature below, I authorize AIDNW to pursue or to accept media inquiries about my volunteer services, including newspaper, television, radio, or web-related articles. This release is limited and requires prior notification. I retain the option to accept or decline participation in the media/PR event. _____				
4) Liability (Mandatory): With my initials herein and my signature below, I confirm that I am aware of the potential risks to me during my volunteer assignment with AIDNW. With such knowledge, I voluntarily release and indemnify AIDNW and their representatives from any and all liability related to me activities with this program, including any liability arising out of negligence of AIDNW. _____				
5) Volunteer Agreement (Mandatory): With my initials herein and my signature below, I confirm that I agree to operate as a volunteer for AIDNW. I do not expect any remuneration for my services. _____				
AGREEMENT AND SIGNATURE				
By my signature below, I agree to comply with the policies, procedures and requirements of Advocates for Immigrants in Detention Northwest (AIDNW) and give my consent to a criminal background check with the Washington State Patrol and/or the FBI.				
Signature				Date

AIDNW has the right to refuse any volunteer for any reason except as prohibited by law. AIDNW does not discriminate based on an individual's race, color, creed, ethnicity, national origin, religion, gender, age, physical abilities, group affiliations, or sexual orientation or identification.

Thank you for completing this application form and for your interest in volunteering with AIDNW!

FOR INTERNAL USE ONLY: Application Rec'd ___/___/___ Confidentiality Agreement Rec'd ___/___/___ Contract Rec'd ___/___/___

Reference Check ___/___/___ W.A.T.C.H /F.B.I. Report ___/___/___ Orientation & Training ___/___/___

Comments: _____

→ *APPLICANT: Please read and sign the Confidentiality Agreement which follows*



Confidentiality Agreement

CONFIDENTIALITY POLICY

All Volunteers understand that access to confidential information belonging to AIDNW or its clients during his/her relationship with AIDNW or as a result of access to AIDNW's premises and or information shall remain confidential.

Confidential information may include:

- a. Any and all information concerning the AIDNW's former, current, future, or proposed Board of Directors, staff, volunteers, donors, clients, programs, projects, partners, recipients, business, property, specifications, notebook entries, technical notes and graphs, computer printouts, technical memoranda and correspondence, product development agreements and related agreements.
- b. Information and materials relating to AIDNW's purchasing, accounting, and promotion; including, but not limited to, marketing or fundraising plans, data, unpublished promotional material, an client lists.
- c. Information of the types described above which AIDNW obtained from another party and which AIDNW treats as confidential, whether or not owned or developed by AIDNW.
- d. Information shared via email, telephone, fax or in person will not be shared with anyone not affiliated with AIDNW. Doing so will lead to immediate dismissal from the position of volunteer.
- e. Any and all information concerning AIDNW's former, current, future or proposed Board of Directors, team members, volunteers, donors, clients, programs, projects, partners, recipients, business deals, property, correspondence, product development agreements and related agreements shall not be shared with anyone not affiliated with AIDNW if not required to be used for the purposes of promoting AIDNW and or educating the individual and or general public about AIDNW's work.
- f. Information relating to AIDNW's assets, audit papers, donor information, banking, cash, and taxes shall not be shared with anyone not affiliated with the appropriate department and or AIDNW.
- g. Any and all information concerning AIDNW's former, current, or future clients who were served by AIDNW through verbal or electronic communication shall not be shared by anyone outside of a need to know basis. This information may include the client's country of citizenship, legal matters, family circumstances, or personal information shared by the clients during their stay with AIDNW.
- h. Information that identifies or describes an individual and the disclosure of which would constitute an unwarranted invasion of personal privacy. Examples of confidential detainee, employee, volunteer, and AIDNW information include home address and telephone number; medical information; legal information; birth date; citizenship; A-Number, social security number; spouse/partner/relative's names; income tax withholding data and performance evaluations; risk management information and activities; or other information the disclosure of which would constitute an unwarranted invasion of privacy.

VOLUNTEER'S OBLIGATIONS

I understand and acknowledge that:

I agree to hold in the strictest confidence any confidential information (described above) disclosed to me during my volunteer term and at any other time after the completion of my volunteer term. I agree not to remove any documentation, equipment, or other materials from any AIDNW office, premises, or event locations without AIDNW's written permission. I will not photograph or otherwise record any information to which I may have access during my volunteer term.

It is my legal and ethical responsibility as an authorized user of AIDNW's computer system to preserve and protect the privacy, confidentiality and security of all records and confidential information relating to AIDNW, clients and their families and AIDNW affiliates, in accordance with the law and AIDNW policy.

I agree to access, use, or disclose confidential information only in the performance of my AIDNW volunteer duties, when required or permitted by law, and to disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.

I agree to discuss confidential information only in the capacity of my volunteer work and for AIDNW-related purposes. I will not knowingly discuss any confidential information within the hearing of other persons who do not have the right to receive the information. I agree to protect the confidentiality of any medical, proprietary, or other confidential information disclosed to me in the course of my relationship with AIDNW.

I understand that detainee legal, criminal, mental health, or drug abuse records, and any and all references to HIV testing, such as clinical tests, laboratory or otherwise, used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specially protected by law and require specific authorization for release.

I understand that my access to all AIDNW electronic information systems is subject to audit in accordance with AIDNW policy. I understand it is my responsibility to follow safe computing guidelines. To this end, I agree not to share my Login, User ID and/or password with any employee, volunteer, or any other person and that any access to AIDNW electronic information systems (including mobile devices) made using my Login or User ID is my responsibility. If I believe someone else has used my Login, User ID and/or password, I will immediately report the use. I understand that my User ID(s) constitutes my signature and I will be responsible for all entries made under my User ID(s). I agree to always log off of shared workstations.

I understand that any suggestions or complaints about how any of the programs are being run should be reported to the Board Chair or discussed at a board meeting and not shared with anyone else. This is counterproductive and impairs the reputation of AIDNW.

I understand that I may be personally liable for harm resulting from my breach of this Agreement.

By signing below, I agree I have read, understand, and agree to be bound by the terms of this agreement:

VOLUNTEER NAME (PRINTED)

VOLUNTEER SIGNATURE

DATE